TRANSACTIONS

OF THE

MEDICAL SOCIETY

NEW JERSEY.

1871.

NEWARK, N. J.:
JENNINGS & HARDHAM, STEAM PRINTERS AND BOOKBINDERS,
153 and 155 Market Street.
1871.

OFFICERS, 1871.

PRESIDENT.

CHARLES HASBROUCK. . . . . HACKENSACK.

VICE-PRESIDENTS.

1ST. FRANKLIN GAUNTT, ... BURLINGTON.
2D. T. J. THOMASON, ... PERRINEVILLE.
3D. G. H. LARISON, ... LAMBERTVILLE.

CORRESPONDING SECRETARY.

WM. ELMER, JR., ... TRENTON.

RECORDING SECRETARY.

WILLIAM PIERSON, JR., ... ORANGE.

TREASURER.

H. R. BALDWIN, ... NEW BRUNSWICK.

STANDING COMMITTEE.

STEPHEN WICKES, Permanent Chairman, . . ORANGE.
J. E. CULVER, ... BERGEN.
JNO WOOLVERTON, ... TRENTON.

FELLOWS.

All persons who shall have been, or may hereafter be, Presidents of the Society, shall rank as Fellows, and be entitled to all the privileges of delegated members.

Act of Incorporation, Sec. 1.

Those marked thus [*] are deceased.

*Robert McKean.....1766
*William Burnett.....1767
*John Cockran.....1768
*Nathaniel Scudder.....1770
*Isaac Smith.....1771
*James Newell.....1772
*Absalom Bainbridge.....1773
*Thomas Wiggins.....1774
*Hezekiah Stites.....1775
* * * * *
*John Beatty.....1782
*——— Barber.....1783
*Law Van Derveer.....1784
*Moses Bloomfield.....1785
*William Burnett.....1786
*Jonathan Elmer.....1787
*James Stratton.....1788
*Moses Scott.....1789
*John Griffith.....1790
*Lewis Dunham.....1791
*Isaac Harris.....1792
*James Newell.....1795
*Jonathan F. Morris.....1807
*Peter I. Stryker.....1808
*Lewis Morgan.....1809
*Lewis Condict.....1810
*Charles Smith.....1811
*Matt. H. Williamson.....1812
*Samuel Forman.....1814
*John Van Cleve.....1815
*Lewis Dunham.....1816
*Peter J. Stryker.....1817
*John Van Cleve.....1818
*Lewis Condict.....1819
*James Lee.....1820
*William G. Reynolds.....1821
*Augustus R. Taylor.....1822
*William B. Ewing.....1823
*Peter I. Stryker.....1824
*Gilbert S. Woodhull.....1825
*Wm. D. McKissack.....1826
*Isaac Pierson.....1827
*Jephtha B. Munn.....1828
John W. Craig.....1829
*Augustus R. Taylor.....1830
*Thomas Yarrow.....1831
*Fitz Randolph Smith.....1832
*William Forman.....1833
*Samuel Hayes.....1834
*Abm. P. Hagerman.....1835
*Henry Van Derveer.....1836
*Lyndon A. Smith.....1837

BENJ. H. STRATTON. 1838
*JABEZ G. GOBLE.....1839
*THOMAS P. STEWART.. 1840
*FERDINAND S. SCHENCK.....1841
ZACHARIAH REED.....1842
*ABRAHAM SKILLMAN.....1843
GEORGE R. CHETWOOD.....1844
ROBERT S. SMITH.....1845
*CHARLES HANNAH.....1846
*JACOB T. B. SKILLMAN.... ..1847
SAMUEL H. PENNINGTON.....1848
JOSEPH FITHIAN.....1849
*ELIAS J. MARSH.....1850
JOHN H. PHILLIPS.....1851
*OTHN'L H. TAYLOR.....1852
SAMUEL LILLY.... 1853
*A. B. DAYTON..... ..1854
J. B. COLEMAN..... 1855
RICHARD M. COOPER.... 1856
THOMAS RYERSON.....1857
*ISAAC P. COLEMAN..... .1858
JNO. R. SICKLER.....1859
WM. ELMER.....1860
JNO. BLANE..... 1861
JNO. WOOLVERTON 1862
THEO. R. VARICK.....1863
EZRA M. HUNT..... 1864
ABRAM COLES.....1865
BENJ. R. BATEMAN.....1866
JNO. C. JOHNSON.... 1867
THOS. J. CORSON.... 1868
WM. PIERSON..... ...1869
THOS. F. CULLEN.....1870

HONORARY MEMBERS.

*David Hosack, New York.....1827
*J. W. Francis.....1827
*John Condict, Orange.....1830
*Noah Parsons, Rhode Island.....1839
Reuben D. Murphy, Cincinnati.....1839
Alban G. Smith, New York.....1839
Willard Parker, New York.....1842
*Valentine Mott, New York.....1845
*Jonathan Knight, New Haven.....1848
*Nath'l Chapman, Philadelphia.....1848
*Alex. H. Stephens, New York.....1848
*Lewis C. Beck, New York.....1850
*John C. Torrey, New York.....1850
George B. Wood, Philadelphia.....1853
H. A. Buttolph, New Jersey.....1854
Ashbel Woodward, Connecticut.....1861
*Thos. W. Blatchford, New York.....1861
Jeremiah S. English, New Jersey.....1867
Stephen Wickes, New Jersey.....1868

MEMBERS OF MEDICAL DISTRICT SOCIETIES

REPRESENTED AT THE

ANNUAL MEETING, 1871.

BERGEN COUNTY.

(District Society organized Feb. 28, 1854.)

John J. Haring, *Pres't*,	*Tenafly.*	Wm. H. Hall,	*Carlstadt.*
Abm. Hopper,	*Hackensack.*	F. M. Wright,	*Englewood.*
Charles Hasbrouck,	"	J. M. Simpson,	*Schraalenburgh.*
Henry A. Hopper,	"	R. Stuart,	*Rutherford Park.*
A. S. Burdett,	"	A. F. Williams,	"
John S. DeMund,	*Ridgewood.*	S. J. Zabriskie,	*Westwood.*
H. C. Neer,	*Pascack.*	Henry A. Crary,	*Closter.*

No. Members, 14. CHAS. HASBROUCK, Secretary.

BURLINGTON COUNTY.

(District Society organized May 19, 1829.)

Benj. H. Stratton,	*Mount Holly.*	Aaron Reid,	*Pemberton.*
A. E. Budd,	"	Samuel C. Thornton,	*Moorestown.*
Richard E. Brown,	"	Alex. Elwell,	*Vincentown.*
Henry H. Longstreet,	*Bordentown.*	Lewis L. Sharp,	*Medford.*
Irene D. Young,	"	Theodore T. Price,	*Tuckerton.*
Lewis P. Jemison,	"	George Goodell,	*Plattsburg.*
Alfred C. Stokes,	"	Richard H. Page,	*Columbus.*
J. Howard Pugh,	*Burlington.*	E. Hollingshead,	*N. Egypt, Ocean Co.*
Franklin Gauntt,	"	Joseph H. Homer,	*Florence.*
D. B. Van Slyke,	"	E. P. Townsend,	*Beverly.*

No. Members, 20. E. P. TOWNSEND, Secretary.

CAMDEN COUNTY.

(Organized Aug. 14, 1846.)

Richard M. Cooper,	*Camden.*	Isaac B. Mulford, Jr.,	*Camden.*
John V. Schenck,	"	D. Parrish Pancoast,	"
Thomas F. Cullen,	"	John R. Haney,	"
H. Genet Taylor,	"	John W. Snowden,	*Waterford.*
John R. Stevenson,	"	N. B. Jennings,	*Haddonfield.*
Alexander Marcy,	"	Jona. J. Comfort,	"
James M. Ridge,	"	J. W. Hewlings, Jr.,	"
Alexander M. Mecray,	"	H. E. Branin,	*Blackwoodtown.*
J. Orlando White,	"	J. W. McCullough,	"
Randall W. Morgan,	"	H. A. M. Smith,	*Gloucester.*
Richardson B. Okie,	"		

HONORARY MEMBERS.

Isaac S. Mulford,	*Camden.*	Joseph F. Garrison,	*Camden.*
Richard C. Dean, U. S. N.,	"	A. D. Woodruff,	*Princess Anne, Md.*

No. Members, 21.

H. GENET TAYLOR, Secretary.

CUMBERLAND COUNTY.

(Society organized Dec. 8, 1818.)

William Elmer,	*Bridgeton.*	Ephraim Bateman,	*Cedarville.*
J. Barron Potter,	"	Eli E. Bateman,	"
Robert W. Elmer,	"	Robert M. Bateman,	"
Jos. Sheppard,	"	Thos. E. Stathems,	*Greenwich.*
Thos. J. Smith,	"	Geo. Tomlinson,	*Roadstown.*
Charles H. Dare,	"	A. S. Tittsworth,	*Shiloh.*
Henry W. Elmer,	"	Sam'l G. Cattell,	*Deerfield.*
B. Rush Bateman,	*Cedarville.*	William L. Newell,	*Millville.*

HONORARY MEMBER.

Enoch Fithian, *Greenwich.*

No. Members, 16.

ESSEX COUNTY.

(Society organized June 4, 1816.)

Milton Baldwin,	*Newark.*	Jno. F. Ward,	*Newark.*
A. K. Baldwin,	"	A. W. Woodhull,	"

J. A. Cross,	*Newark.*	Chas. Young,	*Newark.*
Jos. A. Corwin,	"	Chas. M. Zeh,	"
Chris'r Eyrich,	"	George R. Kent,	"
G. Grant,	"	Alex. N. Dougherty,	"
P. V. P. Hewlett,	"	Wm. H. Holmes,	*Orange.*
Edgar Holden,	"	Wm. Pierson,	"
J. B. Jackson,	"	Wm. Pierson, Jr.	"
Charles J. Kipp,	"	E. B. Thompsen,	"
C. F. J. Lehlbach,	"	Stephen Wickes,	"
E. P. Nichols,	"	L. M. Crane,	"
J. A. Nichols,	"	A. A. Ransom,	*South Orange.*
Wm. O'Gorman,	"	Frank Wilmarth,	*East Orange.*
J. D. Osborne,	"	Stephen Personett,	*Verona.*
S. H. Pennington,	"	Eugene Jobs,	*Springfield.*
E. D. G. Smith,	"	J. J. H. Love,	*Montclair.*
D. W. Smith,	"	J. W. Pinkham,	"
Lott Southard,	"	D. S. Smith,	*Irvington.*
C. W. Stickney,	"	Robert G. Brain,	"
Wm. Taylor,	"	D. M. Skinner,	*Belleville.*
M. H. C. Vail,	"	E. T. Whittingham,	*Millburn.*
Arthur Ward,	"		

No. Members, 45. CHAS. YOUNG, Secretary.

HUDSON COUNTY.

(Organized October 1, 1851.)

Hugh H. Abernethy,	*Jersey City.*	F. G. Payn,	*Bergen Point.*
B. A. Andrew,	"	John Q. Bird,	*Hudson City.*
W. Burrows,	"	John B. Burdett,	"
Chas. H. Case,	"	John H. Comfort,	"
James Craig,	"	J. E. Culver,	"
H. S. Gardiner,	"	Alonzo Freeman,	"
Walter J. Hadden,	"	B. Gilman,	"
D. S. Hardenberg,	"	H. L. Hammond,	"
John W. Hunt,	"	Thos. J. Hayes,	"
A. A. Lutkins,	"	F. E. Noble,	"
J. H. McDowell,	"	S. V. W. Stout,	"
D. McEwen,	"	A. G. Avery,	*Bergen.*

John D. McGill,	*Jersey City.*	Emanuel Bock,	*Bergen.*
T. J. McLoughlin,	"	E. P. Buffett,	"
M. A. Miller,	"	E. W. Buck,	"
Henry Mitchell,	"	J. M. Cornelison,	"
James F. Morgan,	"	S. R. Forman,	"
Theo. F. Morris,	"	Chas. O. Viers,	"
James Mulcahy,	"	James Wilkinson,	"
T. C. O'Callaghan,	"	David Benson,	*Hoboken.*
J. J. Prendergast,	"	Romeo F. Chabert,	"
D. L. Reeve,	"	L. W. Elder,	"
F. C. Selnow,	"	Francis Geisler,	"
J. W. Van Houten,	"	John Kudlich,	"
Theo. R. Varick,	"	E. F. Lowenthal,	"
Jos. H. Vondy,	"	L. Welges,	*Hackensack.*
B. A. Watson,	"	Jos. F. Finn,	*Greenville.*
Theo. F. Wolfe,	"	J. F. Field,	*Saltersville.*
Geo. W. Talson,	*West Hoboken.*		

HONORARY MEMBER.

Ferris Jacobs, *Delhi, N. Y.*

No. Members, 57. JOHN H. COMFORT, Secretary.

HUNTERDON COUNTY.

(Society organized May 12, 1846.)

S. Lilley,	*Lambertville.*	N. B. Boileau,	*Perryville.*
G. H. Larison,	"	John Blane,	"
T. H. Studdiford,	"	I. R. Todd,	*Lebanon.*
M. Abell,	*Quakertown.*	J. S. Cramer,	*Sergeantsville.*
C. W. Larison,	*Ringoes.*	A. S. Pittenger,	*Clover Hill.*
C. H. Thompson,	*Stockton.*	G. R. Sullivan,	*Flemington.*
O. H. Sprowl,	"	J. O. Hoff,	*Everettstown.*
W. H. Creveling,	*Stanton.*	A. W. Armitage,	*Woodville.*
M. D. Night,	*Little York.*		

No. Members, 17.

MERCER COUNTY.

(Society organized .)

J. B. Coleman,	*Trenton.*	C. McCaffrey,	*Trenton.*
J. L. Taylor,	"	W. H. Coleman,	"
J. Woolverton,	"	W. Green,	"
W. W. L. Phillips,	"	E. H. Reed,	"
T. J. Corson,	"	J. I. B. Ribble,	"
H. Schaffer,	"	W. Elmer,	"
C. Skelton,	"	L. Leavitt,	"
C. Hodge,	"	O. H. Bartine,	*Princeton.*
R. R. Rogers,	"	J. H. Wykoff,	"
C. Shepherd,	"	C. F. Deshler,	*Hightstown.*
D. Warman,	"	G. S. Meeker,	*Titusville.*
J. L. Bodine,	"	E. L. Welling,	*Pennington.*
J. B. James,	"		

No. Members, 25. J. B. JAMES, Secretary.

MIDDLESEX COUNTY.

(Society organized June 13, 1817.)

Rush Van Dyke,	*New Brunswick.*	N. Kaemmerer,	*New Brunswick.*
D. C. English,	"	C. Morrogh,	"
Geo. J. Janeway,	"	S. V. D. Clark,	*Perth Amboy.*
D. Stephens,	"	H. T. Pierce,	"
H. R. Baldwin,	"	A. Treganowan,	*South Amboy.*
C. H. Vorhees,	"	C. M. Slack,	*Dayton.*
J. W. Meeker,	"	E. M. Hunt,	*Metuchen.*
N. Williamson,	"	A. J. Knappen,	*Jamesburg.*
Chas. Dunham,	"	R. J. Brumagen,	*Spottswood.*
W. C. Wile,	"		

No. Members, 19. D. STEPHENS, Secretary.

MONMOUTH COUNTY.

(Society organized July 24, 1816.)

William A. Newell,	*Allentown.*	S. M. Disbrow,	*Squankum.*
A. A. Howell,	"	Henry G. Cooke,	*Holmdel.*
John Vought,	*Freehold.*	John Cooke,	*Englishtown.*

James S. Conover,	*Freehold.*	Isaac S. Long,	*Englishtown.*
D. McLean Forman,	"	Asher T. Applegate,	"
Robert Laird,	*Squan Village.*	F. K. Travers,	*Mattewan.*
Robert R. Conover,	*Red Bank.*	Francis A. Davis,	*Farmingdale.*
J. E. Arrowsmith,	*Keyport.*	P. B. Pumyea,	*Imlaystown.*
T. I. Thomason,	*Perrineville.*	S. H. Hunt,	*Eatontown.*
Jos. B. Goodenough,	*Blue Ball.*		

HONORARY MEMBERS.

J. S. English,	*Manolapan.*	Edward Taylor,	*Middletown.*
A. V. Conover,	*Long Branch.*		

No. Members, 19. JNO. VOUGHT, Secretary.

PASSAIC COUNTY.

(Society organized January 16, 1844.)

A. W. Rodgers,	*Paterson,*	E. J. Marsh,	*Paterson.*
L. Burr,	"	H. W. Reisberg,	"
R. Kent,	"	O. Barnes,	"
R. J. Whitely,	"	John Quin,	"
M. Moss,	"	J. R. Leal,	"
C. S. Van Riper,	"	Oswald Warner,	"
H. C. Van Gieson,	"	G. Terhune,	*Passaic.*
S. R. Merrill,	"	R. A. Terhune,	"
Wm. Blundell,	"	C. Van Riper,	"
G. W. Terreberry,	"	A. R. Randall,	"
G. H. Balleray,	"		

No. Members, 21.

SOMERSET COUNTY.

(Society organized .)

John W. Craig,	W. B. Ribble,
Robt. S. Smith,	H. G. Wagoner,
A. P. Hunt,	J. F. Berg,
H. F. Vanderveer,	W. E. Mattison,
L. F. Mosier,	Jas. S. Knox.

No. Members, 10. H. F. VANDERVEER, Secretary.

SUSSEX COUNTY.

(Society organized August 22, 1829.)

T. H. Andress,	*Sparta.*	C. R. Nelden,	*Newton.*
J. B. Boss,	"	Wm. J. Roe,	"
J. L. Allen,	*Lafayette.*	J. R. Stewart,	"
Carlos Allen,	*Vernon.*	D. M. Sayre,	"
F. M. Cannon,	*Deckertown.*	Franklin Smith,	"
John Moore,	"	P. N. Jacobus,	*Montague.*
J. P. Couse,	*Franklin Furnace.*	Wm. H. Linn,	*Hamburg.*
C. K. Davison,	*Andover.*	C. V. Moore,	*Stillwater.*
John Miller,	"	E. W. Maines,	*Flatbrookville.*
Joseph Hedges,	*Branchville.*	Thomas Roe,	*Laytons.*
Jonathan Havens,	*Newton.*	J. H. Struble,	"
L. D. Miller,	"	Eugene Schumo,	"
Thomas Ryerson,	"		

HONORARY MEMBER.

John Titsworth, *Deckertown.*

No. Members, 25. JONATHAN HAVENS, Secretary.

UNION COUNTY.

(Society organized June 7, 1869.)

J. S. Crane,	*Elizabeth.*	Samuel Abernethy,	*Rahway.*
L. W. Oakley,	"	D. W. C. Hough,	"
Jas. S. Green,	"	H. H. James,	"
J. Otis Pinneo,	"	E. B. Silvers,	"
Ph. H. Grier,	"	W. U. Selover,	"
S. E. Arms,	"	H. C. Pierson,	*Roselle.*
Joseph H. Grier,	"	J. K. McConnell,	*Cranford.*
Alonzo Pettit,	"	F. A. Kinch,	*Westfield.*
Thos. Terrill, Jr.,	"	Wm. Gale,	"
Robt. Wescott,	"	C. H. Stillman,	*Plainfield.*
Wm. M. Whitehead,	"	J. B. Probasco,	"
Joseph S. Martin,	*Elizabethport.*	T. H. Tomlinson,	"
John S. Brosnan,	"	Wm. K. Gray,	*Summit.*
Louis Braun,	"	A. M. Cory,	*New Providence.*
Thos. L. Hough,	"		

No. of Members, 29. THOS. TERRILL, Jr., Secretary.

WARREN COUNTY.

(Society organized Feb. 15, 1826.)

P. F. Brakeley,	*Belvidere.*	Jno. C. Johnson,	*Blairstown.*
S. S. Clark,	"	P. F. Hulshizer,	*Stewartsville.*
J. M. Paul, Jr.,	"	S. S. Kennedy,	"
L. C. Cook,	*Hackettstown.*	L. C. Osmun, Jr.,	*Delaware.*
Jno. S. Cook,	"	Luther C. Bowlby,	*Vienna.*
Theodore Crane,	"	Wm. M. Hartpence,	*Oxford.*
E. T. Blackwell,	"	H. H. Rinehart,	*Bridgeville.*

HONORARY MEMBERS.

James C. Fitch,	*Hope.*	Roderick Byington,	*Belvidere.*

No. Members, 14. P. F. BRAKELEY, Secretary.

SUMMARY.

Bergen	14	Middlesex	19
Burlington	20	Monmouth	19
Camden	21	Passaic	21
Cumberland	16	Somerset	10
Essex	45	Sussex	25
Gloucester, (last year)	16	Union	29
Hunterdon	17	Warren	14
Hudson	57		
Mercer	25	Total	368

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

ONE HUNDRED AND FIFTH ANNUAL MEETING.

THE Society assembled in the Court House, at Flemington, on Tuesday, May 23d, 1871, at eight o'clock, P. M., and was called to order by the President, Dr. T. F. Cullen.

Prayer was offered by the Rev. Mr. Mott, of the Presbyterian Church, Flemington.

Dr. C. Hodge was appointed on the Committee of Organization, which committee subsequently reported, by the Secretary, the following as duly accredited delegates:

Bergen—District Society—Charles Hasbrouck, Robert Stewart, Henry A. Craig. Members, 11.

Burlington—Lewis Sharp,* Enoch Hollingshead,* S. C. Thornton, L. P. Jemison,* E. P. Townsend.* Members, 20.

Camden—John F. Schenck, J. O. White, James M. Ridge,* H. E. Brannin,* J. W. Hewlings, Jr. Members 21.

Cumberland—Robert M. Bateman, Thos. J. Smith,* Samuel G. Cattell,* W. L. Newell.* Members, 16.

Essex—S. Personett, O'Gorman, Woodhull, Cross, Love, E. P. Nichols, Hewlett. Members, 45.

Hudson—J. J. Pendergast, J. W. Hunt, Jos. H. Vondy, T. F. Morris, B. A. Watson, Henry Mitchell, F. G. Payne, H. H. Abernethy. Members, 57.

Hunterdon—T. H. Studiford,* G. R. Sullivan, R. B. Bolleau, C. W. Larison. Members, 14.

Mercer—C. Hodge, Jr., C. Shepherd, J. I. B. Ribble, D. Warman, W. W. L. Phillips. Members, 25.

Middlesex—Rush Van Dyke,* Clifford Morrogh,* J. W. Meeker,* H. T. Pierce.* Members, 19.

Monmouth—Robt. Laird, Isaac S. Long, J. E. Arrowsmith,* Francis A. Davis.* Members, 19.

Passaic—A. W. Rogers,* G. W. Terreberry, H. C. Van Gieson,* G. H. Balleray,* C. Van Riper.* Members, 21.

Somerset—H. P. Vanderveer, W. B. Ribble, A. P. Hunt, J. S. Knox. Members, 10.

Union—L. Braum, L. W. Oakley, F. A. Kinch, W. U. Selover, A. Pettit. Members, 29.

Reporters—R. M. Cooper,* S. C. Thornton, S. G. Cattell,* E. D. G. Smith,* J. R. Sickler,* C. W. Larison, D. McLain Forman,* J. F. Berg, Jno. Havens,* S. R. Forman.

Delegates from Corresponding Societies:—Drs. John R. Van Kleeck and F. Jacobs, from the Medical Society of New York.

Officers:

President—T. F. Cullen.
1*st Vice-President*—C. Hasbrouck.
2*d Vice-President*—F. Gauntt.
3*d Vice-President*—T. J. Thomason.
Coresponding Secretary—Wm. Elmer, Jr.
Recording Secretary—Wm. Pierson, Jr.
Treasurer—H. R. Baldwin.
Standing Committee—S. Wickes, J. E. Culver,* J. Woolverton.

Fellows present or were present some time during the session—B. H. Stratton, Robt. S. Smith, Samuel H. Pennington, Samuel Lilly, J. B. Coleman, John Blane, J. Woolverton, T. R. Varick.

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* Absent.

The minutes of the last annual meeting were read and approved.

The Committee of Arrangements, by their chairman, Dr. Blane, reported as follows:

Mr. President, Officers and Members of the Medical Society of New Jersey:

You at your annual meeting in 1870, at the city of Trenton, voted "That the next annual meeting be held at Flemington," and appointed Drs. Blane, Cramer, G. H. Larison, Lilly and Abel a committee of arrangements for that meeting.

"Again the silent wheels of time
Their annual round have driven."

And we, by the blessing of Him whose we are, and by whom our lives have been spared, are permitted to assemble on this the one hundred and fifth anniversary of the Medical Society of New Jersey, and the fiftieth anniversary of the District Medical Society of Hunterdon County.

In the name and behalf of that committee and of our District Medical Society, and of the citizens of our county, who, through their board of chosen freeholders, have so generously and kindly proffered the use of this hall for our accommodation, I welcome you to this place.

To some of you, no doubt, this is a strange place. But we are not strangers to you, neither are you strangers to us; for fifty years we have sought and enjoyed intercourse with you, and your counsel and advice, most of that time traveling in our own conveyances, and many times, over bad roads, to distant places, we did not wish to give you the inconvenience which we had experienced, and therefore felt a diffidence in inviting you here until now, having the facilities of railroads, and other barriers being removed, we ventured to invite you, and have the honor and the pleasure of your presence here to-day; and none but those who have enjoyed the same honor can realize how highly we appreciate it. Make yourselves as much at home among us, as we have been made, on like occasions, among you.

Being situated in an agricultural district and in one of the border counties of our State, and our territory being lessened from time to time by the march of improvement, we have lost that portion which gave us such prestige during the Revolution, and for many years afterwards. We have nothing rare and curious, either in nature or art, or the history of our county,

to treat you to; even the existence of our town is of recent origin compared with those in which we have been accustomed to meet. It is very little over a century since the first practitioner of medicine settled here, viz.: Dr. Creed, in 1765.

The Society has other objects in view than matters of pleasure, curiosity and relaxation. Our main "object has ever been the advancement of science and art, and the elevation and usefulness in the profession;" in the endeavor to obtain which, it becomes us individually as well as collectively, by our advice and example to stimulate to higher attainments, and by our conduct to command respect. This is still our aim, and the peaceful quiet of our town, I have no doubt, will give much aid in the pursuit of that end; and before our meeting closes, may we be constrained to say, "It is good for us to be here." And we hope that we may again, in due course of time, be cheered by another visit from you, and this be one among the places that you will delight to honor with your presence.

Your committee of arrangements have not issued tickets for dinner, leaving that to the choice of each individual to dine where he pleases. You will find in our hotels (we have but two of them,) a comfortable home while you sojourn among us; we have the fullest confidence that you will be pleased, not so much perhaps with the variety and fashion of what will be set before you, as by the substantial and healthful fare that receives the recommendation of the profession to their patients; and where they wish to set the example of practicing what they teach, cheerfully partaken of by themselves.

Our District Society had it in contemplation to lay before you its history for the first fifty years of its existence, and to that end appointed a historian, but long illness has prevented the progress of the work, and it will have to be deferred till a future time, and most likely finished by some other hand.

In the anticipation and hope that our meeting will be both profitable and pleasant, and we

> "Still closer knit in friendship's ties
> Each passing year,"

I again, in behalf of all present, welcome you.

The Committee recommend that the morning session open at 9 o'clock.

The Committee, by their chairman, also reported that they

have endeavored to make ample room for all who may attend, and would ask the passage of the following:

Resolved—That the members of the profession in good standing in this town be invited by this Society to seats during the present session of this Society, as corresponding members.

Resolved—That all members of the profession in good standing in their several counties be invited to seats during the present session of this Society, as corresponding members who may be recommended by the delegates from their respective District Societies.

The report was accepted and the resolutions were adopted.

On motion of Dr. Baldwin, an invitation was extended to the resident clergy, members of the bar, and teachers, to be present during the session of the Society.

The President read the Annual Address — the subject of which was: "The Position, Rights and Duties of the Medical Expert before a Court."

On motion of Dr. Blane, a vote of thanks was extended to the President, for his able and interesting address: with a request that he furnish the Standing Committee with a copy for publication.

The President appointed as the Commitee on Unfinished Business — Drs. Schenck, Lilly and Woodhull.

Committee on Treasurer's account — Drs. Blane, White and Stratton.

Committee on Nominating Officers for the ensuing year— Drs. Stewart, Thornton, White, Bateman, Woodhull, Watson, Sullivan, Hodge, Long, Terryberry and Oakley.

The reading of the Annual Report of the Standing Committee was, on motion, made the first order of business for the morning session.

At the request of the Chairman of the Standing Committee, it was voted that he be allowed to read, this evening, that

portion of their report which has reference to the communication of Dr. Quimby, of Jersey City, and the rights of persons making application for membership of the District Medical Society, which communication and subject were referred to them at the last annual meeting of the Society. It was read and accepted.

The Committee also presented the following bills, which, on motion, were ordered to be paid.

S. Wickes, balance due for publication of Transactions,.....$11 93
" expenses as Chairman, ... 7 18

The Society then adjourned until to-morrow, at nine o'clock, A. M.

MORNING SESSION.

Nine o'clock, A. M. The Society met pursuant to adjournment. The President in the chair.

Prayer was offered by the Rev. A. H. Brown, of the Methodist church.

The Annual Report of the Standing Committee was read by the Chairman, Dr. Wickes. On motion, the report was accepted and referred to the Committee for publication.

The Corresponding Secretary being called upon for a report, read as follows:

TRENTON, N. J., May 23, 1871.

The Corresponding Secretary of the Medical Society of New Jersey would respectfully offer the following report:

At the meeting of the Society, last year, a report was received from the Committee, to whom were referred certain Resolutions of the American Medical Association, in reference to the preparation of an "Annual Register" of all the regular practitioners of medicine in the several States; and in accordance therewith, the Corresponding Secretary was directed to notify the several District Societies, through their secretaries, of the action of the State Medical Society, concerning it, and request that they take the neccessary

measures to accomplish the desired result. He therefore issued the following circular to each of the N. J. County Societies:

TRENTON, N. J., June, 1870.

By the action of the New Jersey State Medical Society at the regular Annual Meeting, held in Trenton, May, 1870, the Corresponding Secretary has been directed "to send down to the District Societies a copy of the accompanying resolution of the American Medical Association, with a request that they take the necessary measures to accomplish the object contemplated."

The following is the resolution of the American Medical Association, passed at its meeting in New Orleans, May, 1869.

"*Resolved*, That each State Medical Society be requested to prepare an Annual Register of all the regular practitioners of medicine in their respective States, giving the names of the Colleges in which they may have graduated, and the date of diploma or license."

Will the Society of your county please take action in the matter?

W. ELMER, JR.,

Corresponding Secretary N. J. State Medical Society.

In reply to this, he has received the list for Hudson and Mercer counties, which are herewith submitted. No others have as yet, been received.

The Corresponding Secretary also sent a copy of the Resolutions passed by the Society at its last meeting, in reference to this same "Annual Register" to Doct. Wm. Bibbins, N. Y. city, member of Committee of Annual Register from the American Medical Association, informing him of our action thereon. Also a copy of the report of the Committee on the "appointment of Boards of Examiners for the several States," was forwarded to Doct. N. S. Davis, of Chicago, Chairman of said Committee.

Copies of the Transactions of the Society for 1870, were sent to the Honorary Members, to the Delegates from other Societies, and to twelve of the leading Medical Journals of our country. A few still remain in his hands for general distribution.

Respectfully submitted, WM. ELMER, JR.,

Corresponding Secretary.

The report was, on motion, accepted.

The Treasurer reported as follows:

Gentlemen of the New Jersey State Medical Society—

The Treasurer, in presenting his Annual Report, desires to congratulate you upon the healthful condition of its finances.

The balance on hand at the last meeting, from year 1869, was...	$ 825 74
From dues from District Medical Societies, for year 1870,.....	700 00
	$1,525 74

The disbursements for the last year, have been as follows:

To investment in the Newark Savings Institution	$ 1000 00
Bill of Chairman Standing Committee, (for Transactions)	310 83
Bill of Dr. C. Hodge, Chairman of Com. of Arr. (for Janitor)	5 00
Balance due Dr. S. Wickes	13 73
Bill of Murphy & Bechtel, Advertising	2 25
Bill of Recording Secretary	3 60
	$ 1,335 41
To Balance Account	190 33
	$ 1,525 74

The Treasurer would further report that he has received the sum of six hundred and eighteen dollars, at the present session, and would recommend the investment of such surplus as may remain in his hands after defraying the expenses of Standing Committee and outstanding indebtedness. The Treasurer would further recommend that the assessment upon the District Societies for the next year, be one dollar per member. The following bills have been presented and are submitted for the action of the Society:

Bill of Corresponding Secretary	$ 4 78
Bill of Recording Secretary	4 10
Bill of J. M. Reuck	3 00
Bill of Newark Daily Advertiser	2 00

All of which is respectfully submitted.

HENRY R. BALDWIN, *Treasurer.*

The report was accepted and referred to the usual Committee. The recommendation of the Treasurer that the assessment upon the District Societies for the next year be one dollar per member, was, on motion, adopted. The bills were ordered to be paid, and the surplus funds to be invested as recommended by the Treasurer.

Reports from delegates to Corresponding Societies being called for, Dr. Watson on behalf of the delegation to the Medical Society of Connecticut, states that there had been no meeting of that Society since his appointment.

Drs. Oakley and Wickes, of the delegation to the Medical Society of New York, were unavoidably prevented from attending the meeting. They were, upon motion, excused.

Drs. Woodhull and Love, of the delegation to the Medical Society of Massachusetts, were also excused for not attending the meeting, as they had been unable to learn the time of the meeting of the Society.

The Secretary read a letter which he had received from Dr. D. M. Sayre, of the delegation to the American Medical Association, in which he stated that the Society had been represented at the meeting of the Association at San Francisco, by Drs. Elmer, Crane and himself. He also sent the San Francisco daily papers which contained the proceedings of the meeting. The letter was, on motion, accepted as a report from the delegation.

Dr. C. W. Larison, of the delegation to the Medical Society of Pennsylvania, reported as follows:

Mr. President and Gentlemen of the Medical Society:

As one of the delegates appointed to the State Medical Society of Pennsylvania, I most respectfully report that I attended the last meeting of that Society, held in the College of Physicians and Surgeons, in the city of Philadelphia. Your delegates having been empowered to substitute for vacancies, in case any of the members should fail to be in attendance, Dr. S. Lilly of Lambertville, and Dr. F. Gauntt of Burlington, sat with me as delegates from this Society—Drs. T. Ryerson and W. W. L. Phillips being absent.

Your delegates were cordially received, both officially and personally; and their sojourn with the members of that Society was pleasant and instructive. The various County Societies throughout the State were well represented, and the business of the session was transacted with enthusiasm.

The subject of Female Doctors, brought forward and enthusiastically advocated by Dr. Atlee, of Philadelphia, elicited a warm and protracted discussion. However, their status was not finally settled.

A resolution, setting forth the unshaken confidence of the Physicians of Pennsylvania, in the prophylactic virtues of Vaccination, was introduced by

Professor Samuel D. Gross. During the discussion of this resolution, not a little was said showing the evil that frequently attends the practice of Vaccination, by way of inoculating into the system, at the same time that the vaccine specific is communicated, other morbid matters more to be dreaded than small pox itself; but, concluding that these evil effects arise from the morbid materials associated with the virus obtained from diseased subjects, and not from the virus itself. The resolution received the general approval of the Society.

A movement was made to request the Legislature of Pennsylvania to enact a law to compel manufacturers and venders of medicines of all kinds, to state upon the label of every bottle or package of their medicines, the constituent ingredients and their proportion in the compound, so that in prescribing them, it may be known what quantity of drugs the patient is taking. It appears to me that this step is in the right direction; and that it would be wise for this Society to ask the Legislature of New Jersey to pass an act that would be of like effect, as many of the nostrums now in extensive use, among the ignorant, would be immediately abandoned, when their constituents were known.

Dr. Leigh, of Philadelphia, brought before the Society a part of his apparatus for the treatment of affections of the Spine, together with a few of his patients at that time under treatment with his appliances. His discourse relative to the use of these instruments in this class of maladies, was both interesting and instructive.

On the evening of the first day of the meeting, the Society was entertained at the Jefferson Medical College, by an exhibition of the practical value of the Gas-Microscope, by Professor Meigs, and by an illustration of some of the peculiarities of polarized light, by Professor Rand. The gas-microscope — an inestimable apparatus in giving microscopic instruction — was handled with entire satisfaction to the audience; and all present seemed desirous of expressing their feelings of gratitude to the faculty of that institution for the pains they had taken to make the evening's entertainment of so much practical value.

The entertainment at the University of Pennsylvania, on the following evening, was not less appreciated.

C. W. LARISON.

The report was, on motion, accepted.

Dr. Pennington formally introduced Drs. Jacobs and Van Kleeck, delegates from the Medical Society of New York.

The President addressed the delegation as follows:

"*Gentlemen Delegates from the Medical Society of New York:* It affords me pleasure to welcome you to seats in our Society. In no profession is mutual support more grateful or more necessary than in ours, and we hope that on your return to your homes, you may bear with you pleasant recollections of our re-union. Again on behalf of the Medical Society of New Jersey, I welcome you. Gentlemen, we shall now be very happy to hear from you."

The gentlemen, in behalf of their Society, duly responded.

The following persons were proposed for Honorary Memmership of the society:

Dr. C. O. Vanderpool, of Albany, N. Y., by Dr. Oakley; Dr. Jos. Parrish, of Philadelphia, by Dr. Gauntt.

Dr. Ferris Jacobs, of New York, by Dr. Varick.

Professor C. A. Lindsley, M. D., of New Haven, by Dr. Pierson, Jr.

Dr. Pennington nominated Dr. Wm. Pierson, Sr., of Orange, for the honorary degree of M. D.

The Committe on Treasurer's account reported "That having examined the accounts of the Treasurer, they find them all right and correctly kept."

Signed, JOHN BLANE, B. H. STRATTON, J. O. WHITE. } *Committee.*

The Committee of Unfinished Business, by their chairman, Dr. Lilly, reported that they had examined the records and found no unfinished business, excepting a report of the committee on insane, appointed under Dr. Pugh's resolution.

In response to the call from the President, the Committee on Insane reported as follows:

To the Medical Society of New Jersey:

The undersigned members of the committee, appointed under the 8d resolution offered by Dr. Pugh, and to be found on page 25 of the minutes of the last annual meeting of this Society, to ascertain the number of insane persons in the asylum and the alms-houses, to receive reports from District Societies and procure necessary legislation, respectfully report that Dr. Pugh, the chairman of your committee, who is absent from this meeting, took the matter entrusted to them, principally in charge; and while we are unable to state specifically what his action was, we are informed that he made strenuous efforts to procure the required statistics of the number of insane in the State, as also the number in the asylum and the several alms-houses in the State, with only partial success. The U. S. Census Report, shortly to be published, will probably afford the best means of procuring the desired information. We have been informed that while our present Lunatic Asylum at Trenton was built for the accommodation of 500 patients, there are at this time within the walls of that institution over 650 insane. Most of these are supported in the asylum by the several counties; much less than 100 being what are termed pay patients. It is believed that there are over 1000 insane persons in the State of New Jersey, or over one in every thousand of population, and alas! the number is rapidly on the increase. In view of the growing wants and actual necessities of the case, a State Convention was called, largely, if not principally, through the instrumentality of the chairman of your committee, to adopt some measures for providing additional accommodations for the insane of the State. Resolutions were adopted calling on the Legislature, then in session, to enact a law for the purpose. A committee was appointed to urge the matter before that body, and present a bill for their consideration. This effort, we are happy to say, was successful, and a bill was enacted into a law (a copy of which is herewith presented) authorizing the appointment of a commission to select a site and build an additional asylum. This commission has been appointed, and are now actively at work upon the duties of their appointment. It is hoped and believed that not many months will elapse before the walls of an additional asylum will begin to rise, and in due course of time another monument of the philanthropy and public spirit of New Jersey will be finished and occupied.

All which is respectfully submitted.

JAMES LILLY,
R. M. COOPER,
THEODORE R. VARICK.

MAY 26th, 1871.

On motion, the report was accepted and the committee discharged.

The third vice-president, Dr. Thomason, read his Essay, the subject of which was "A history of the District Medical Society of Monmouth."

On motion of Dr. Blane the thanks of the Society were voted to Dr. Thomason for his paper, and a copy requested for publication with the Transactions.

On motion, the Society took a recess of ten minutes.

On re-assembling, Dr. Garrish, of New York, was, on motion of Dr. Watson, invited to a seat in the Society, as corresponding member. Dr. Garrish, on his presentation, duly responded.

Dr. E. Holden, the Essayist, read his Essay; the subject of the Essay was "The Sphygmograph, and Physiology of the Circulation."

The Essay was well received; and on motion of Dr. Varick, the thanks of the Society were voted, and a copy requested for publication with the Transactions.

Dr. Hasbrouck, by invitation of the Society, read a paper entitled "Notes of Country Obstetric Practice," it being an abstract of a record of 1135 cases of midwifery, as occurring in his private practice.

On motion of Dr. Pennington, the thanks of the Society were tendered to Dr. Hasbrouck for his very instructive paper, and a copy was requested for publication with the Transactions.

Dr. Blane offered the following as an amendment to the By-Laws: Amend order 4th, section 4th, of the By-Laws, as follows: insert after the word "your" in the third line the words "the first two committees," and also insert at the end of the order "each delegation to appoint its own member."

On motion of Dr. Hodge, it was voted that a committee of three be appointed by the President to revise the fee bill.

The President appointed the following as the committee: Drs. Hodge, Varick and Schenck.

The President stated that a document with the endorsement, "Appeal of Jno. J. Bird to the State Medical Society from the decision of the Hudson District Medical Society of the county of Hudson," addressed to the President and members of the Medical Society of New Jersey, had been placed in his hands.

On motion of Dr. Oakley, the document was received without being read and referred to a committee of three persons, members of the Society, to be appointed by the President, to report at the next annual meeting what action it is best the Society should take upon it.

The President appointed Drs. Oakley, Woolverton and Cross on the committee.

Dr. Warman offered the following preamble and resolutions, which were adopted:

Whereas, It is a well known fact to the members of this Society that criminal abortion in our land is fearfully on the increase:

And Whereas, The public looks to our profession to lead the van in the suppression of this atrocious evil, as we are supposed to know most about the crime and the methods of its perpetration.

Therefore, Resolved, That we, the members of this Society, consider it an unmistakable offence against morality, a violation of every natural sentiment, and in opposition to the laws of God and man.

Resolved, That we earnestly and heartily condemn all the means and measures employed for this end, whether by the physician or charlatan, or the unprincipled druggist, who has the hardihood to advertise his remedies in the public prints.

Resolved, That it is the opinion of this Society, in view of the low moral sense of the community on this subject, and the growing frequency of the

crime, that something more is needed—rigid penal enactments are indispensable, far more so than those now on our statute books; and we would hereby respectfully suggest that the legal authorities exercise more vigilance in ferreting out and punishing the guilty perpetrators of this horrible crime.

Resolved, That a committee be appointed by the President to present the matter before the Legislature at its coming session.

The President appointed Drs. Warman, Hodge and Watson on the committee.

The Nominating Committee reported as follows:

Your Committee would respectfully report that they have unanimously agreed upon the following:

Place of next meeting, Paterson.

President—C. Hasbrouck.
First Vice-President—F. Gauntt.
Second " T. J. Thomason.
Third " Geo. H. Larison.
Corresponding Secretary—Wm. Elmer, Jr.
Recording Secretary—Wm. Pierson, Jr.
Treasurer—H. R. Baldwin.
Standing Committee—S. Wickes, J. E. Culver, J. Woolverton.

Delegates to American Medical Association—Drs. S. Lilly, C. Hodge, White, G. R. Sullivan, Mitchel, Terryberry, J. E. Culver, Long, S. C. Thornton, J. Woolverton, G. J. Janeway, B. A. Watson, A. W. Woodhull, J. Wright, J. O. Schenck and J. A. Cross.

Delegates to Medical Society of Connecticut—Drs. Blane, Wickes and S. H. Pennington.

Delegates to the Medical Society of New York.—Drs. L. W. Oakley, H. A. Craig and J. W. Hunt.

Delegate to Medical Society of Massachusetts.— A. W. Woodhull.

Delegates to Medical Society of Pennsylvania—Drs. C. Hodge, Jr., G. R. Sullivan and J. Lilly.

The report was accepted, and the recommendation as to place for the next annual meeting was adopted.

An opportunity having been given for the members to make other nominations, a ballot was taken, when the ticket, as reported by the committee, was declared duly elected, Drs. Watson and Schenck acting as tellers.

On motion, the delegates as reported by the committee, were appointed, with power to appoint alternates.

Voted, that the hour for the organization of the next annual meeting be at 7½ o'clock, P. M.

Dr. W. W. L. Phillips, of Trenton, was appointed Essayist for the next meeting of the Society.

On motion of Dr. Baldwin, the President was instructed to invite the delegates from corresponding Societies and the officiating clergymen, to dine with him at the expense of the Society.

Dr. Baldwin offered the following resolutions, which were adopted:

Resolved, That the thanks of the Medical Society of New Jersey be tendered to the Board of Freeholders of Hunterdon County, for the use of their room at the annual session of 1871.

Resolved, That we tender to the Medical Profession of Hunterdon County our thanks and high appreciation of their courtesy and kindly reception in providing suitable accommodations for the Society.

Resolved, That the thanks of the Society be tendered to the clergy of Flemington, who have kindly officiated at our meeting.

Drs. Rogers, Mitchel and Terryberry were appointed a committee of arrangements for the next annual meeting.

Adjourned.

WM. PIERSON, JR.
Recording Secretary.

ANNUAL ADDRESS.

By Thos. F. Cullen, President.

Gentlemen of the Medical Society of New Jersey:

Holding, by your, perhaps, too favorable selection, a position that has been so ably filled for more than a century, by men of the highest professional ability, moral worth and social standing, you will pardon me if I approach with unaffected diffidence, the performance of a duty imposed upon me as presiding officer of this Society, both by law and custom.

Though numerous subjects of the highest importance to the well-being of the medical profession have been ably and learnedly discussed, from year to year, on like occasions, by my predecessors, the matter appropriate to such addresses is by no means exhausted, and you have a right to expect that your valuable time shall not be wasted now, upon questions of trifling interest, or words that however eloquent in phrase, may be found destitue of practical value.

Your President, is therefore, painfully conscious that the engrossing duties of an active professional life have rendered impossible, in his case, the mature reflection and deep study indispensable in any warrantable attempt to enlarge the boundaries of the science by the detail of extended observation, on the one hand, or the happy condensation of the thoughts of previous writers, on the other, in such a manner as to render the treatment of any given question properly instructive, useful or even highly interesting to this learned Society.

Were it within the bounds of possibility, few things would yield me greater pleasure than the announcement of some new truth, or the advancement of some new idea, calculated to promote the progress of our profession, either by elevating its character, extending its knowledge, or increasing its usefulness among the people, whose ministers we are. But fully aware of my slender abilities for such a task, I venture to claim your indulgence, while presenting a few thoughts on a subject which seems strangely to have failed in eliciting the serious attention which its importance obviously demands.

If these thoughts should arouse to earnest reflection the members of both professions — the legal as well as the medical — a most desirable result will be happily accomplished. The subject I have thus selected is —

The position, rights and duties of the Medical Expert before a Court.

The appearance of a medical practitioner in the trying and very undesirable character of an expert in criminal and other cases, is a duty often inexorably demanded by the mandate of court, or by the claims of justice to the public and to individuals.

Before entering upon the subject, it is therefore proper to *define*, not only what such an expert is, but also what he should be, in order that he may really protect his own reputation and that of the profession, whose diploma certifies his abilities before the world.

A medical expert, technically, is one who professes, or is deemed by the officers of justice, to possess peculiar skill, experience, or knowledge on certain subjects of inquiry in relation to medicine, surgery, pharmacy, therapeutics and vital chemistry, or in some particular branch of these Briarean

sciences; and he is very frequently called upon to testify as to *facts*, before stating his *deductions* and *inferences* from those facts. But the demands of counsel and the court upon the medical expert, are by no means limited to this inquiry.

In multitudinous instances, his attention is called to the evidence elicited on former trials of a similar nature. He is requested to give his individual opinion upon the value, scientifically considered, of statements made upon high authority, perhaps years before he was born, and reported, it may be in the shamefully careless manner in which the records of evidence in criminal cases are now habitually preserved.

He is required to state, not only how far he deems the published opinions of the leading medical writers dependable, but also, to estimate the public opinion of the profession in general, as to the ability of these authorities. Nay, more! The standing of fellow experts engaged in the same legal inquest may be assaulted by the special pleader on one side, in order to lighten the weight of some convenient point in the evidence adduced upon the other; and it may then become his legal, moral and religious duty, dispassionately to utter truths, fatal to a popular reputation, perhaps far greater than his own, under the obligation of his solemn oath.

To this end, conscience and the law may compel him to trample down all obstacles raised in his trying path, by mere professional pride, caste or established etiquette.

This he must do, ignoring alike the indignation naturally aroused by a possibly sinister attack upon a professional brother of undoubtedworth,the shame resulting from a compulsory acknowledgement of the too obvious deficiency of some other brother, the offspring of his own alma mater, or the mingled sorrow and contempt awakened by titled ignorance or reckless empiricism, elevated to an ill-deserved equality before the law, by legislative folly or venality.

All of these and many other duties he must perform in the presence of a public generally incapable of estimating the value, and often equally incapable of comprehending even the meaning of his evidence.

He must perform them even in the face of feed attorneys, ever on the watch for opportunities to befriend a client, even at the expense of the feelings, or careless of the character of the witness, and too frequently regardless of the truth itself, when capable of perversion by cunning or chicane.

He must perform them under the embarrassment attendant upon the recondite nature of many questions and the occasional use of technical terms, extremely difficult of accurate explanation, even to Judges and the most learned of the bar, while they may be utterly incomprehensible to most jurors and to the excited and often prejudiced populace that crowds our courts. Yet he is well aware that the slightest carelessness, rashness of expression, or leaning upon his part, the slightest misapprehension in a Judge, or the most natural blunder as to the true purport of his words made by an unprofessional audience, may lessen the public estimation of his whole fraternity, bring deserved or undeserved disgrace upon the Institution whose certificate of skill he carries, or seriously impair his individual success in the most useful, but most arduous of all practical scientific occupations.

Among the cases in which the medical expert is constantly called upon to bear testimony — I had almost said to *decide* by his own simple asseverations as to fact or opinion—are many that render his position one of great gravity and extreme moral responsibility, and his duties as an investigator of truth peculiarly onerous, and often expensive, both in time and money.

In their widest sense, his duties include researches, and questions criminal and civil, involving principles of public

hygiene, finance, insurance, the responsibilities of corporate institutions, &c., as well as those of purely medical, surgical and metaphysical science. But confining my remarks at present, mainly to matters sure to be presented in the round of every practitioner of somewhat extensive experience, I will enumerate as of almost constant occurrence, cases of murder, poisoning, child murder, abortion, accidental death, insanity, and feigned diseases: — all liable, under legal proceedings, to endanger the liberty, and frequently the life of individuals — all, with a few exceptions, painfully affecting the sanctity of family relations; and some most seriously involving the innocent in the meshes of criminal law, with no defence but the lights of science, disentangling the mysterious spider web of the strongest circumstantial testimony in the botanical test of some previously unfamiliar but suspected drug, the chemical analysis of an altered tissue, or the microscopic display of the true source of a globule in a blood stain.

Now I hold that two things are absolutely necessary, not merely to render a medical expert useful, but even to prevent him from frequently becoming positively mischievous in legal investigations before a court.

1st. That counsel should possess the ability to propound the appropriate questions, in definite and intelligible terms.

2d. That the expert should be able to answer these questions clearly and correctly.

Need I ask you, gentlemen, if these essential requisites are usually fulfilled? Alas! you will feel reluctantly compelled to answer emphatically, No!

And why is this? It is mainly because of the want of the proper education of one or both parties involved in the medico-legal investigation of such cases. Neither the expert nor the counsel is usually familiar with the precise limits of their re

ciprocal duties, nor with the peculiar language of their several professions. While the latter, in partisan defence of his client or the interest of the commonwealth, too frequently oversteps the boundaries of courtesy in questioning, and wittingly or unwittingly strains the delicate tissue of truth in noting or rendering the replies, the former often feels compelled, from ignorance of his own rights and the protection of the court, which is, or should be always extended when properly invoked, to answer unanswerable questions, or to improvise some extemporaneous hypothesis, where true science humbly bows, in confession that she is not omniscient.

It follows logically, from the propositions just announced—the truth of which your own experience will demonstrate—that the maintenance of professional respectability before the public, the accomplishment of the original purpose of human statute law, the security of property and the protection of personal rights, all require that the medical and legal student should each receive a special education, and that to no trifling extent, in the much neglected department of medico-legal jurisprudence. Each should be taught how far the peculiar confidence entrusted with either are to be held sacred, and how far obligations regulated by the oaths, or established ethics of either, may be interfered with by the stern but necessary requirements of law.

That peculiar education should also include many matters not involved in the daily round of duty of the medical or legal practitioner in his ordinary routine. Without some knowledge of the principles of law, as they affect evidence, how shall the former be able to limit his replies, or to refuse an answer amid all the impertinence of a tricky cross-examination, or how shall the latter be made capable of properly wording an interrogatory involving recondite questions in anatomy, physiology, pathology, chemistry, or the botanical

materia medica, (all of which are constantly elicited in many civil as well as criminal cases,) when these several sciences are usually considered so foreign to the preliminary course of legal study?

Further than this, let us grant for the sake of argument, that the counsel and the expert are *de facto* equally competent to put and reply to technical questions; it is still to be considered that those questions are often very complex in their nature or deeply involved in the details of their solution — that they cannot be always answered correctly without much thought or mental reference to numerous and perhaps conflicting facts and authorities. Very frequently, also, the true purport of the query or reply may be most seriously affected by the variable applications of a single word, or the popular acceptation of a doubtful phrase; and a life or reputation may be suspended upon a mere grammatical construction—as in the celebrated death warrant of Edward the Second, or as might have occurred if the chemical evidence in the Mina trial had depended upon the evidence of a single expert.

It has always appeared to me, therefore, that there is great error of system and fearful injustice to witness, jury and defendant, in the ordinary mode of eliciting and recording evidence in our courts of justice. Both question and answer — if not in all cases, then at least in those in which experts are called upon to testify — should be presented in writing, made the subject of deliberate examination by the witness, the answer returned in writing to the court, and if necessary submitted in like form to the jury.

This is understood to be the custom in important trials in England, and—except that the court martial, by and with the advice of the judge advocate, constitutes in itself the jury — this mode of proceeding is, I believe, invariably followed in tribunals of that character.

Its propriety, and indeed its necessity, if justice be the real intent of law, will be obvious when we reflect that the questions propounded to experts very frequently involve three, four, or more propositions, and a result often dependent, not upon certainties, but the doctrine of probabilities or the estimate of conflicting authoritative opinions. Moreover, the solutions of these several propositions, and the resultant conclusions, must be conveyed, if possible, in language intelligible to the non-professional mind, even although their complexity may sometimes severely try the mental power or memory of the most expert of experts.

The history of the wrongs resulting from the present system, would be made startlingly evident by a true record of the multitude of estates and lives that have been sacrificed to the weariness of juries, in the vain endeavor to recall the evidence or comprehend the incomprehensible, even since the irrational plan of starving men into unanimity has been discarded by the courts. At best, as juries are now constituted, it is extremely difficult, and often, it is to be feared, impossible for them to grasp many of these problems; how then are they to apply them correctly to the case under consideration, when viewed in connection with a wearisome length of other evidence, retained by a dead effort of memory alone?

Again, no one would expect a chemist actually to perform an analysis, or a microscopist to pursue his investigations practically in the presence of the court, thus subjecting himself to interruption from interested and perhaps impertinent parties during their continuance. Why, then, should it be demanded of the expert, who deals with things less tangible, and inferences drawn from a multitude of facts, that he should, on the spur of the moment, and without time for reflection, even upon the fitness of words, be forced to give utterance to opinions on the gravest subjects—utterance perhaps, affecting

life, liberty, property and domestic happiness? Why should he be compelled thus to risk his own character, the claims of real justice, and often the prosperity of innocent persons totally unconnected with the case, by expressions which, even if properly applicable to his subject, are at all times liable to considerable alterations, or even total change of meaning, from the habit of the bar in condensing both question and answer into words necessarily different from those actually used by the speaker?

In this manner, medical evidence is so constantly emasculated of its force, and both question and answer carelessly or intentionally perverted, that, in our profession, exceedingly little weight is allowed even to official reports of legal investigation, when medical experts are consulted.

Not so are they regarded by the courts, and I have heard of cases in which both the escape and the condemnation of alleged criminals were apparently determined upon professional evidence, where the assertions of the experts were exactly reversed by the language of the reports!

As to the statements of the daily papers in criminal trials and coroners' inquests, such is the greed of the press, especially in cases of great importance, or on the occurrence of exciting accidents — occasions on which medical experts are peculiarly liable to be called — that our court rooms and sometimes our coroners' offices are crowded with reporters who are entirely unacquainted with medical technicalities. In their anxious but awkward struggles after the sensational, the profession is often placed before the public in a highly ridiculous light; what purports to have been offered as medical testimony, being so absurdly rendered as to bring contempt upon the expert, who might well be put to difficulty in determining what shadow of an idea the reporter meant to convey in thus "blundering round the meaning" of the words really spoken.

Surrounded by a community of which a considerable portion stands ever ready to carp and cavil, the medical practitioner and his noble occupation find little protection from the contempt naturally engendered by such supremely ridiculous misrepresentations, from any reference to the official notes of counsel or the court; these not being unfrequently removed but one degree from similar absurdity.

How often is the honest medical man compelled to blush when he reads such statements in the daily journals as he knows in his heart were never made before a jury!

Nor is this all! There are numerous instances on record, in printed works acknowledged by the bar as dependable authorities, and their statements quoted in argument as conclusive, in which medical experts have been made to say precisely the reverse of what they really uttered, in flat contradiction to their actual testimony as to facts or opinions.

Now, should the witness thus misquoted, be generally regarded as of high standing and esteem in science, what is there to prevent succeeding experts, it may be of less distinction, from being led into false conclusions by such misrepresentations to the depression of the status of our profession, the confusion of future courts, the perversion of justice, and serious or fatal injury of those who may hereafter be subjected to legal prosecution?

It seems, then, that the legal profession owes it as a solemn duty to us, to the public and itself, that the *counsellor* should be prepared by appropriate scientific education, and constrained by wise rules of court, to ask his questions in intelligible phrase, and when the subject of investigation is necessarily obscure to the common mind, that he should be required to propound them in writing, and record verbatim the actual replies. I do not aspire to be the mentor of the bench or bar, but we urge upon both a greater degree of attention to this

very highly important, but sadly neglected study — *the art of properly questioning medical experts.*

I venture also to remind them of a fact, too frequently forgotten or intentionally disregarded by the special pleader, and, for some reason, not always duly impressed upon him by the Court. It is this: the expert is a witness neither for the prosecution nor for the defence; called as the minister and spokesman of science, he has no leaning, and he knows no party. Truth is his only aim, and armed in the panoply of truth, it is a matter of indifference to him, in that capacity, whom that mighty power may crush; whom it may consign to the gallows, or shut out from the fellowship of man, either behind the iron bars of the prison, or the tall walls of the mad house. Whatever the consequences may be, his end is *Truth!* Truth! Truth! Nothing but Truth!

So much to the Barrister; and now let me more specially address myself to those of my own professional brotherhood.

How great, how startling are the responsibilities of the medical witness to fact or opinion! How heavily they should weigh upon the conscience of an honorable man! A faith is placed on his every word, when summoned before a court in the capacity of an expert, far surpassing that reposed in ordinary evidence; for the law regards his reputed learning in his own department as proof of superior capacity, and his professional character as an accessory security for its faithful, fearless exercise, not merely as a doctor, but as a man and as a Christian gentleman. *That word*, dependent upon what appear to him as facts, or inevitable deductions from these facts, how often does it alone decide a fate? How fearful his accountability in the superior court of last appeal! If he be not an Atlas with the world upon his shoulders, a hitherto unspotted reputation, a human life, the life-long happiness of a family, or what should be held more sacred still, the fair

fame of a woman, may hang upon that word! Aye! He may strike the heart-chords of a hundred hearts, even to the breaking, with a single unguarded word! With what awful caution should that word be uttered! How terrible the thought, at such a moment! — Have I not neglected my opportunities for research? I doubt the grounds of my conclusion!

In order to render more lucid and dependable the evidence of medical experts, it is essential that physicians in general, by a better course of preliminary education specially directed to that end, should be rendered more capable of meeting with calmness and deliberation the embarrassments of legal examination and cross examination by contending counsel, whose chief and acknowledged duty it is severally to elicit from the replies all that may favor the commonwealth, the respondent in criminal trials, or interests of their respective clients in civil cases. How far this important requisition has been, and is even now neglected, you are probably partially aware. We are living in an age of rapid scientific advancement and reform. The study of medico-legal jurisprudence as a branch of elementary instruction has been seriously, I might say shamefully, neglected in most of our medical colleges.

The time is not far distant when even in our noblest schools the teaching of obstetrics was made a mere appendage to the duties of the professor of practice, and his course of instruction was limited to a few interpolated lectures. Now, however, a special chair of instruction in this department exists, and is viewed as among the most important in our leading professional institutions of learning. Is not medical jurisprudence equally worthy of our attention? Should not the establishment of a chair on this subject be rendered obligatory in all our schools, and made essential to the recognition of a diploma? Even where such have been created, it appears

to me that the field actually covered by the lecturer is far from being sufficiently extended. There are two widely different aspects presented by this branch of science—the medical and the legal; and each of these demands of the professor a peculiar kind of knowledge only to be found in the well qualified expert in two widely different professions; or which, at least, are very rarely found effectively united in the mind of any single teacher.

It is not sufficient that the medical witness should be thoroughly grounded in the true principles and practice of medicine, surgery, obstetrics, chemistry and the other sciences and arts directly involved in his ordinary routine of professional practice; it is not even sufficient that he should superadd the coolness that results exclusively from the consciousness of a perfect comprehension of the true limits of his knowledge, the manliness to confess ignorance, either from lack of opportunities or from the imperfection of all human science, and the scholastic ability to frame his answers in language clearly intelligible to the nonprofessional understanding.

He should also be acquainted with what might be regarded as the honorable finesse, or the tolerated tricks of special pleading; remembering that he is not sworn merely to speak the truth, but *the whole truth.* He is not excusable for passing over in silence that which is relevant, because it is not elicited by direct question in the examination, or called forth during the cross examination.

It is customary for counsel or the court to judge of the relevance of partially delivered testimony, even before the conclusion of the statement. It is the undoubted duty of a presiding justice to check frivolity, the brow-beating of witnesses by counsel, and the statement of obviously irrelevant matter in *ordinary evidence*; but when called upon as an *expert*, the *witness* is always *theoretically supposed superior* in knowledge

of his specialty to either *court* or *counsel*, and the former rarely ventures to arrest him in his course while testifying. Not so the latter; they frequently practice interruption systematically, in order to embarrass and lead him into ambiguity of phrase, and to use that ambiguity for the benefit of a client by resorting to artful implications. In such cases, the expert should appeal, if necessary, to the bench, his proper legal protector. But the bench itself is not always to be credited with purity of purpose, profundity of learning or the perfection of discretion. The expert should always bear in mind that "in foro conscientiæ," he is the sole judge of the relevance of his own testimony, while liable, himself, to answer for his decisions before the supreme court of eternity.

While holding himself aloof from the persuasions of self-interest, and boldly meeting the hostility of popular prejudice, or the fury of popular rage, he may be called upon by professional honor to give a flat refusal when urged to reply to impertinent inquiry under the penalty of protracted imprisonment for contempt of court.

Is it not then sufficiently clear that the interests of the public whom we serve, and the profession that we love, alike demand duplex professorships on medico-legal jurisprudence in all our colleges, that the lawyer may acquire the power to propound medical questions in an appropriate manner, and the elf in the divine art may learn how to defend his legal rights in court while framing suitable replies? I venture to propose this course for the mutual benefit of both professions, and to invoke your individual and collective aid in bringing about such happy changes in our system of medical instruction. If the chair were thus divided, as I think it should be, between two professors, the one chosen from our own brotherhood, and charged with teaching the anatomical, physiological and chemical branches, and the other called from the bar to give instruction in the purely legal bearings of the subject,

the rights and duties of witnesses, and the rules of courts, the pupil would be prepared to pass through one of the most trying ordeals of professional life with that coolness and self-confidence which knowledge alone can give.

It is true that to carry out these suggestions, *it would* be necessary materially to enlarge the several medical faculties, and also the duration of period of study; but, for this reform the entire profession has been calling aloud for years.

Professor Agnew says in his introductory to the medical class of the University of Pennsylvania, that "he hopes the "day is not remote when the term of study will be four or "five years. How long, think ye, does it require a boy at the "mouth of one of our great bays to complete his pupilage as "a pilot? Why, seven years before he is trusted with the "commonest vessel, and eleven before he is formally allowed "to undertake a first class-bottom. Think of that! Seven "years before a man is deemed competent to conduct a vessel "from the breakwater to the city of Philadelphia; and yet "three years are deemed sufficient to tide safely to port the "most precious thing which belongs to our humanity."

The necessity of regular medico-legal instruction is not felt exclusively by those of our profession, but extends to the members of the bar. *We* need it for self-protection; *they*, for the effective practice of their calling, and both for the maintenance of an honest *reputation* and the furtherance of the ends of justice, a duty incumbent on every citizen, but more especially on the medical expert, and the pleader and counsellor at law. In proof of this I need but mention, *now*, that the late Judge Ellis Lewis, one of the ablest jurists of Pennsylvania, whose decease within the last few months has caused wide-spread regret, endowed, by a liberal bequest, a chair of medical jurisprudence in one of the leading colleges of Philadelphia.

The past and present shortness of the term of study, and the ease with which mediocrity and even still slighter capacity finds access to the dignity of the diploma and fellowship with us, are evils very generally acknowledged; and although some important attempts have been recently made in some of the most prominent schools, to prolong the curriculum, extend the field, and bring about a more reasonable arrangement of *the order of studies*, it would hardly be rash to assert that the almost unanimous opinion of the profession favors a far more efficient abatement of these evils than has yet been effected.

It is incumbent upon the members of the profession itself, individually and collectively, to aid in promoting this important reform, both by personal exertion and the influence of associations; and I will not offend the members of this old and time-honored Society by supposing that it can prove negligent of duty in this direction.

Abolish these evils, and we shall soon cease to hear constant complaint of the over-crowding in the ranks of the profession. Patronage would then become more equally distributed, and the medical practice would be no longer confined chiefly in the hands of a few seemingly favored ones in town or city, to the injury both of the patient, subjected to very hurried visitation, and the over-tasked physician, deprived of the time and reflection required to keep pace with the rapid advance of science, who would heartily rejoice if some other professional brother of thorough education could bear a portion of his onerous and exhausting burden.

And now, gentlemen, I commend to your indulgent notice and consideration these few almost unpremeditated remarks, promising in the full consciousness of my humble powers and merit, to perform, with your kindly support, the duties which perhaps your too partial favor has imposed upon me.

ESSAY.

Circulatory Physiology, and the Sphygmograph.

BY E. HOLDEN, M. D., OF NEWARK, N. J.

It is now nearly three years since the difficulties in the way of using the Sphygmograph of Marey, and of understanding its tracings, led me to devise the instrument already laid before the profession, through the *Medical Record.* I now propose to discuss the science of Sphygmography, from a rational stand point: omitting all possible technicalities, and so far as the subject will admit, all the abstruse speculations heretofore indulged in by the eminent gentlemen whose names have become familiar in connection with it. To this end, it will be necessary to describe briefly the instruments devised to carry on my observations, viz:

The Sphygmograph, already referred to.

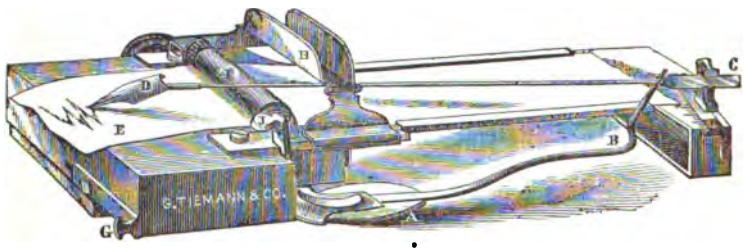
An artificial Heart and capillary apparatus made of rubber.

A large Sphygmograph two feet in length, adapted to record its workings.

In addition to these, many interesting observations have been made by attaching a long flexible lever of light wood at one end, and passing under it, near the attachment, an ordinary india rubber one inch hose, connected with a steam engine. A lever six feet in length, produces a tracing about six inches in width, which may be varied by varying the weight,

by obstructing the orifice of delivery, by interposing dilatations or constrictions in the tube, &c., &c.

In regard to the first point named, the drawing will be explanatory.



A—A piece of ivory to rest upon the pulse.
B—A wire bent to impinge against C.
C—The tracer.
D—The pen.
E—The paper to receive the tracing.
F—The roller to move the paper.
G—Starter for watch work.
H—Piece by which to hold the instrument.
I—Spring for ascertaining the compressibility of artery.

A Sphygmograph, as is well known, is essentially and simply a light lever with pen attached to one extremity adapted at the other to receive the impulse of the artery or heart; with this pen or tracer must be means of moving a paper at an even rate to receive the writing.

These are the essentials; but simple as they seem, the experience of forty years has shown it to be a most difficult matter to accomplish the result desired.

Refine the parts to a marvelous degree of delicacy, obtain the movements of the lever over the artery, and move the paper or other receiver with the utmost precision, yet, apply the pen to the paper and the infinitessimal friction stops its movement; a hair, even, will render it motionless.

The pen thus far used in the instrument known as Marey's,

is a small triangular or rather conical piece of steel,—friction being avoided to some extent by its movement against a perpendicular instead of a horizontal plane. In the instrument I have introduced, any pen may be attached, friction being avoided by pivoting the pen, thus requiring the paper and not the tracer to support its weight. The other part of the instrument, and which in fact constitutes its novelty, is based upon the fact that a cone made to impinge against a flexible lever, will move it a distance proportionate to the angle made by the periphery of the cone with its axis. In this case the detached periphery is used for convenience. In short, a lever resting near its attachment upon the pulse is bent at its distal extremity into an inclined plane, which impinges against another straight and very light lever, carrying a pen.

The pen rests upon a strip of paper which is moved, as in Marey's instrument, at the rate of about three inches in ten seconds. A sliding pressure spring rests upon the piece of ivory designed to bear upon the pulse, by which the compressibility of the artery may be ascertained.

The pen may be fed with ink, by the ordinary writing pen or pencil brush.

The time required to take a tracing with this instrument, is from one to three minutes; and as no fastening is required, the observations made have not been marred by the fears of the patient, or the difficulties usually experienced in maintaining perfect quiet.

The artificial heart referred to, was made as near as possible of the natural capacity, and the capillary circulation designed to bear a similar correspondence between its parts, as exists in the arterial and venous systems of the human subject; its difference from the heart in propulsive and contractile

power being compensated by the avoidance of a too great extension or reduction in size of the smaller capillaries.

Farther reasons for believing this artificial heart to be a fair representation of the natural organ, will be hereinafter stated.

It is perhaps necessary to state that this heart is a single one; that is, having but one auricle and one ventricle, since the peculiar formation of the human organ is evidently but to accommodate the double nature of the systemic and pulmonary circulation, and the partition walls between auricle and ventricle make it in nowise other than essentially single.

The wonderful structure of the semi-lunar valves, by which beautiful provision nature closes a circular opening by three segments of hollow spheres, and which, as the perfection of mechanical contrivance challenges our admiration, has been successfully imitated only by closely following nature.

Thus in examining these valves in the heart, we observe that while the aorta is cylindrical above them, it is triangular below; and that the line of attachment of each curtain falls below the plane of its free border. The curtains, moreover, are the segments of a hollow sphere, and being drawn in at the points of attachment, really form triangular instead of spherical approximation. In imitation of these, thin rubber valves have been found to work admirably.

The auriculo ventricular valve is of more easy construction, being simply a drop valve, and in this heart was made of leather.

3d. The large Sphygmograph, for recording the workings of this artificial organ, is so arranged that any of the tubes may be introduced behind the tracer, near its attached extremity. The tracer is two feet in length. The slips of paper are two and one-half inches by twenty four. The pen,—an ordinary writing pen, pivoted on the tracer—the work

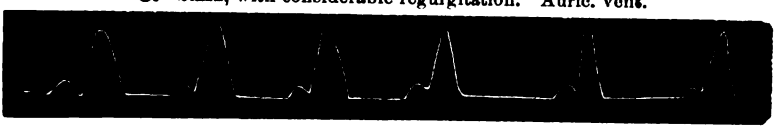
for moving the paper,—clock work and the result—tracings in many instances, two inches wide.

With these means of observation, I have arrived at certain conclusions, in support of which, the time and space allotted for this article, are too limited to give tracings in detail. The following, however, are submitted in brief, with the free admission that some of them are very perplexing.

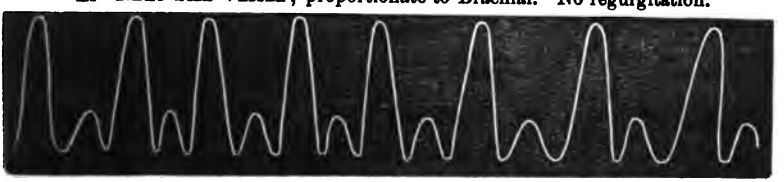
1.—ARTIFICIAL HEART. Large arteries, with no obstruction.

2.—PROXIMATE ARTERY; I. E., Artery of about relative proportion to formers of auxillary to subclavian. Slight regurgitation auric. vent.

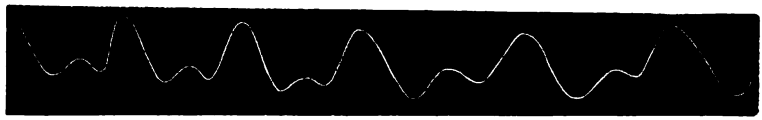
3.—SAME, with considerable regurgitation. Auric. vent.



4.—NEXT SIZE VESSEL; proportionate to Brachial. No regurgitation.

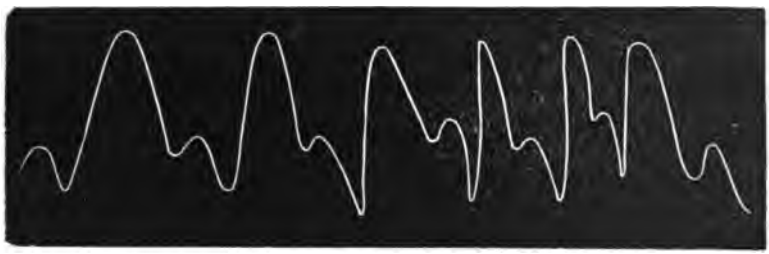


5.—Vessel of Medium Size, just beyond a net of capillaries.



6.—MEDIATE ARTERY; relative size that of femoral, with auricul; regurgitation.

7.—Same, with anæmia.

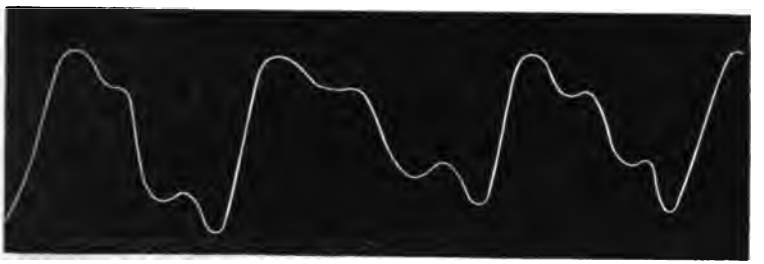


8.—A Vessel; relative size femoral, between two sets of capillaries; no obstruction.

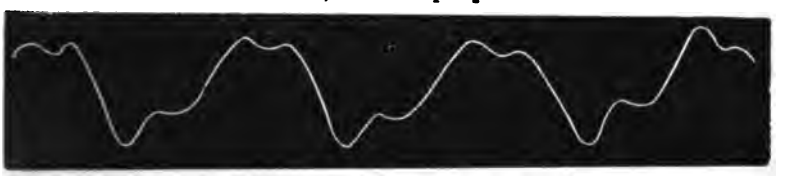
9.—Impaired Force of Contraction.

10.—NEAREST APPROACH TO RADIAL PULSE, REVERSED.

11.—HYDRANT STREAM. Great pressure; common ½ inch tube; distal obstruction; continuous current.



11.—SAME, but interrupted current.



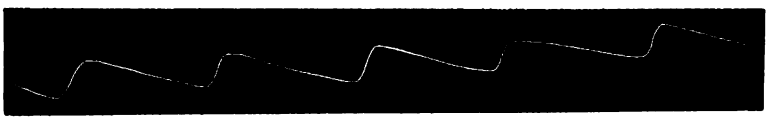
12.—SAME, with increased pressure and regurgitation.

Two points only will at this time be referred to regarding the experiments made with the rubber heart. The first touches the transmission of impulse; the second, the origin of the first and second sounds. The violent and sudden contraction of the heart was observed to produce acceleration at the auricle, or what is really the distal end of the circulating apparatus,

in about one second, the usual interval between the healthy beats of the normal heart; consequently, when I caused a new contraction of the ventricle, the fluid from the former was already pouring into the auricle, as is presumed to be the case in the natural organ. Now the relative calibre of the veins to arteries in this apparatus, is not, as in the human heart, as two to one, but considerably less, to accommodate the far less distance to be traversed by the fluid, so that the fact of the interval of transmission of impulse I have assumed to be evidence of sufficient approximation to nature for all experimental purposes.

The feature of chief interest, however, relates to the origin of the first and second sound—the contraction of the ventricle closed with a dull thud the auriculo ventricular valve, while the interval of contraction, during which the obstructive circulation at the capillaries backed up, so to speak, the current of fluid, closed the semi-lunar valves with a soft note, not unlike that of the human heart. We may have, therefore, a second sound, without the "accessory muscular noise of contraction;" "the stroke against the thoracic walls," "the rush of blood through the orifices," or the tension of the auriculo ventricular bands.

Prominent among the requisites to proper interpretation of sphygmographic hieroglyphics, is the understanding of dicrotism. Usually this departure from the smooth, regular tracing of vigorous health, of which the following is an instance:

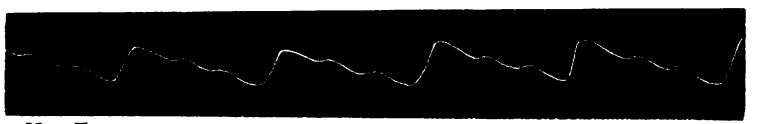


is supposed to indicate a condition of increased venous and diminished arterial pressure, which allows retardation of the

current through the capillaries, and produces an irregularity in the descending portion of each wave thus:

DICROTISM.

Now, while under some circumstances, and with Marey's instrument, this is the case, yet in the following tracings from persons in perfect health, there seems reason to believe that refinement in the delicacy of the instrument we use may show even a tricrotic condition to be a normal one, thus:



Miss H.

Miss S. TRICROTIC NORMAL PULSE.

Theoretically, this might be expected, if we but reflect upon the true cause of the phenomena. I have observed, in operating with the artificial capillaries, that however long the circuit might be, provided always sufficient care be exercised in maintaining the relative calibre of the smaller tubes, the current of efflux from the large veins is never continuous. The large Sphygmograph always detected the intermission, even during the most rapid contractions of the heart, yet the tracings from any tube on the proximate side of the capillaries and the capillaries themselves, with exception of those emptying directly into the larger tubes, were invariably dicrotous. Were this owing to obstruction, our experiment would

have given, as will also be found to be the case in aneurism, a continuous stream at the distal end of the circulation.

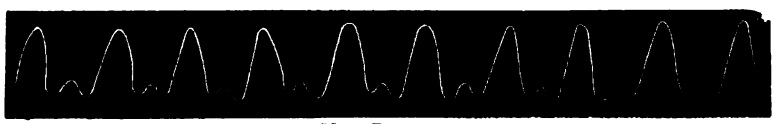
Dicrotism, then, may exist, even when the circulating medium is so rapidly dispersed in its onward course as to preclude any idea of obstructive retardation from venous pressure; and, therefore, it follows, that the secondary wave, or slight rise in the descending line, which constitutes dicrotism, is to be regarded as not purely a wave of rebound, due to such retardation of the current.

What, then, *is* the cause of dicrotism? I believe it to arise simply from the fact that the capillaries are peculiarly elastic, their dilatability and elasticity being increased as their calibre diminishes. Each impulse, therefore, transmitted through them, produces (however briefly) a dilatation, an over-fullness, which re-acts upon the contained current, to produce a superficial retardation, such as is seen along the banks of a running stream.

Such a return current would inevitably repeat itself, as the circles are repeated around a pebble thrown into the same stream; our power to number these repeated waves depending solely upon our facilities for observation and the delicacy of our instruments.

Now, if actual obstruction does exist in addition, either from inflammatory stasis or from a more common and general cause, viz.: irritation of the capillaries during fevers and the hyperæsthesia resulting from derangement of the great sympathetic system, this dicrotism or tricrotism will be markedly increased.

The following is the pulse of mild pyrexia:



MILD PYREXIA.

The next are two most interesting exhibits of the effect of purely sympathetic action. They are from the abdominal aorta of a patient, (Miss W.,) who suffered for several months from a distressing pulsation, sufficient to raise the bed-clothing and to be noticeable across the bed-chamber. The radials

ABDOMINAL AORTA.

ABDOMINAL AORTA, WITH RESPIRATION.

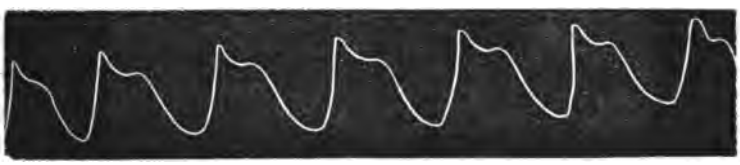
in this case gave similar tracings, but less wide and markedly tricrotic.

This case acquired considerable additional interest, from the fact that a year previous a supposed cancer had been removed from the patient's breast, by a charlatan, and there seemed reason to fear that similar disease might have attacked some abdominal organ. The diagnosis afforded by the Sphygmograph gave great relief to the anxieties of friends, which was shortly after justified by complete recovery.

Keeping now clear, as far as possible, of the abstruse technicalities, which have done so much to embarrass our knowledge of Sphygmography, let us study the pulse-tracings from a rational, common sense stand-point. Suppose, for example, we have before us the hose of the ordinary fire-engine, as constructed in its primitive days, before the alternate pumps were devised, and when, as a consequence, the stream of water thrown was perceptibly intermittent. The tube, from the

instant the piston has ceased to descend and the volume of water has been forced through it, begins to collapse with a rapidity proportioned to the size of the delivery pipe. When the second stroke comes, the flattening hose swells, and the hand or a lever placed upon it is raised; now, if the impulse has been sudden and of short duration, and the delivery be unobstructed, the lever is raised vertically, and instantly descends, so that a pencil at the end would describe merely an ascending and descending line in the same plane; but if a paper to record the pencilling be moved evenly along, the rise and fall of the lever would give a cone-shaped tracing. Should, however, the fullness be prolonged, either by the prolongation of the impulse, or by some obstruction immediately in front of the point of observation, the lever would remain raised as the paper moved along, and the wedge would be flattened at the top.

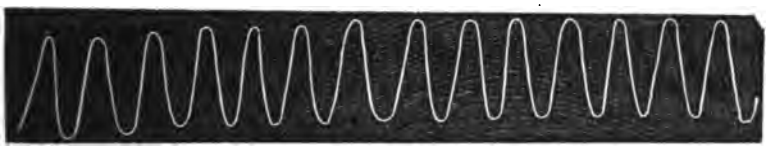
If the force exercised had been very sudden, the tube, if at all elastic, would have been a little more than filled, (*i. e.*, distended,) and the lever would fall back a trifle before entering upon the plane thus:



Suppose, however, the obstruction be more distant and the stroke of the pump slow, a regurgitant wave would result that would have a point of commencement in the downward line proportioned to the time that should elapse after subsidence of impulse and the distance of the obstruction; thus it might even be in the valley between the curves, or even so late as the beginning of the next upward line.

Now, as will be seen in the tracings made with the large

Sphygmograph already described, this is actually the case. In these instances, dicrotism does arise from obstruction, although as stated, I cannot believe it to be the usual cause in the human system. It is probably, however, the explanation of the kind of dicrotism seen in the tracings of mild pyrexia, already given. If the propulsive power be weak, or the amount of fluid more than sufficient to completely fill the hose, no regurgitant wave would be expected; and, as will be seen by reference to the records of the artificial heart, none results. The wiry pulse of carditis is of this character, thus:



If, instead of a tube like the leathern fire-hose, a very elastic and distensible tube of rubber be used, two points of difference arise: a tremulous character of both waves and a quicker expenditure of propulsive force; but there being no increase of emptying power, a rounding of the summits of the curves results.

All these features, thus enumerated as belonging to the hose of a steam fire-engine, will be found in observations upon the human apparatus; but to go farther, we must suppose the tube, instead of terminating in a single delivery-pipe, to divide and sub-divide into numerous branches, the united calibre of which slightly exceeds that of the main tubes. We have seen the results of proximate and distal obstruction, and it remains to inquire what would be the effect of interfering with the circulation through one or more of the sub-divisions. Numerous experiments have shown me that so long as the total carrying power of the remaining branches does not very materially differ from that of the principal vessel, there is no

perceptible change; but as this diminishes, the relative tension of the larger tube increases, and the collapse succeeding each impulse becomes less; thus, what in speaking of arteries is termed compressibility, is diminished.

With the human circulatory apparatus this tension of the arteries necessarily supposes a corresponding want of fullness of the veins, and the tracing exhibits characteristics similar to that already given for carditis.

But not to go farther in this direction, let us inquire into the changes produced in certain familiar pathological states:

1*st.*—*Tricuspid Regurgitation.*

It is well known that where this morbid condition exists, a visible pulsation of the jugulars occurs; not always or often regular, and pulse like, but tremulous and variable, and indicating two things in regard to the blood current. 1st—An intermission of impulse or almost an absence of impetus at the venous and distal end of the circuit; and, 2nd, a retardation of capillary venous circulation, sufficient to prevent fullness of the large veins. To ascertain what should be the character of the sphygmographic tracing in this variety of disease, let us analyze the condition that exists. 1st.—As the right ventricle forces the blood into the lungs, a regurgitation into the auricle would produce the same want of vigor of impulse in the pulmonary current, as a rent in a pair of bellows would produce in its current of air. 2nd.—(As a consequence of the former) feebleness of pulmonary circulation. 3rd.—A retardation at the pulmonary valves, with imperfect implétion of left auricle and ventricle; and, finally, (supposing for the moment, the heart to be otherwise healthy) a contraction, with diminished resistance. So far the result would be a suddenness and briefness of the first stroke, similar to that

usually ascribed to hypertrophy; but another factor must come in: retardation of pulmonary circulation involves imperfect oxygenation of blood; this, with regurgitation into the right auricle, produces fullness of all the venous system, and, as a result, the heart itself weakened, contracts against, not diminished, but increased resistance, and, the first part of the curve is flattened or rounded, while the second or smaller wave is more marked; in other words, dicrotism is increased, and, the curve would be this:

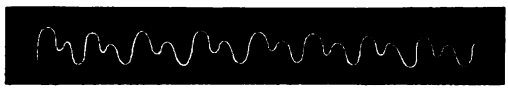
2nd.—Mitral Regurgitation.

Incomplete closure of the valves of the left heart presents features somewhat similar to those of the right, with a difference however, that will be manifest upon an analysis similar to that already instituted; for example, the leak into the auricle impairs the propulsive force of the ventricle, however violently the heart may beat, or however much nature may have endeavored to remedy the impairment by muscular accretion.

The arterial half of the system is less powerfully distended, the ingress of blood to the auricle from being persistently checked by the regurgitant flow prevents a sufficiently rapid depletion of the venous half, and as a result the first half of the tracing would be shortened and rounded at the apex and increased dicrotism occurs, although to less extent than in case of the tricuspid valves. One curve taken from my record is this:

usually, however, the tracings are quite irregular.

Before proceeding farther it should be stated that in this variety of disease a great diversity exists in the sphygmographic tracings, and only large experience will enable us to decide with accuracy when it is before us. The fact that a new and simple instrument is now available, will, it is hoped, result in such numerous observations that a definite key may be found, and what is now complex become exceedingly simple. Beyond this diversity, moreover, there exists a source of error, due to a strong resemblance which the tracings often bear to those of other conditions; for example, during typhus there is an undulatory character given to the tracing, but taking the following from Professor Sanderson's work, as a sample, it will be seen that the curves of both waves are more rounded, and the intermediate reversed curves are also rounded, so that the writing appears the same when inverted, which cannot be said of that dependent upon mitral regurgitation, thus:



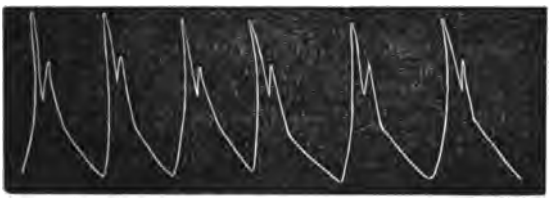
A third tracing, bearing some resemblance to these, is that found in cases of great vital exhaustion, in which the heart fails to maintain the proper relation as to arterial and venous pressures. This may or may not be associated with cardiac disease; excitement, however, changes its character completely, thus:

EXHAUSTION.

DO. WITH EXCITEMENT.

3rd.—Aortic Regurgitation.

Where insufficient closure of the aortic semilunar valves occurs, features are presented quite distinct from those described; thus, the term collapsing is peculiarly applicable to the pulse in this disease, which seems suddenly to yield under the pressure of the finger. The stroke is quick, as if indicative of some local cardiac irritant; it is wide from increased impulse, and the apex of the first part of the tracing is sharp; the descent considerable, and the reflex wave, both because of suddenly decreased propulsion and greatly increased resistance from venous fullness, produces a sharply defined dicrotism, the line from the second prominence of the tracing itself dropping suddenly. The latter phenomenon would probably be impossible were it not for a dissemination, so to speak, of the blood back through the half emptied larger arteries; the characteristic curve is therefore as follows, (from a patient):



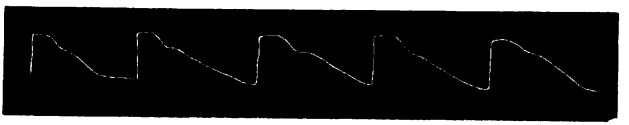
AORTIC REGURGITATION.

Pulmonary Regurgitation.

In this form of disease, concerning which Dr. DeCosta remarks, very little is known from clinical observation, it would be difficult to form a theory since the pulmonary circulation and the right ventricle are chiefly, perhaps solely, involved, and eccentric hypertrophy is constant.

The arteries, moreover, that are accessible for tracings are out of the track of the impaired circulation. The condition,

however, in which a murmur exists at the third left costal cartilage, near the sternum, whether with impulse or second sound and due to disease at the apex of the left lung, a condition in fact where pulmonary regurgitation is simulated, but does not not really exist, gives a tracing characteristic of obstruction near the heart, and of which the following three cases are examples; the first is a case of tubercular disease of fifteen years standing, with a marked murmur.



Mrs. H.

The next the same disease, but of about five years duration, and accompanied by dilatation.

W. J.

The next a case of Phthisis florida, but accompanied by great debility, the features of which predominate in the tracing.

G. D.

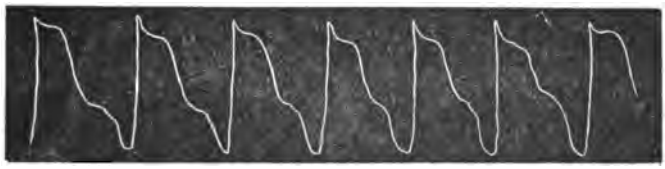
This properly introduces the matter of obstructions, and inasmuch as certain features have already been referred to, it may be mentioned that a distinctive one, between the tracings last given and those of semilunar aortic obstruction with hypertrophy, is to be found in this, that the upward stroke of the latter is more vertical, higher and ends in a sharp point,

the descent being slight and then merging with a sharp curve into the plateau of the first wave, thus:

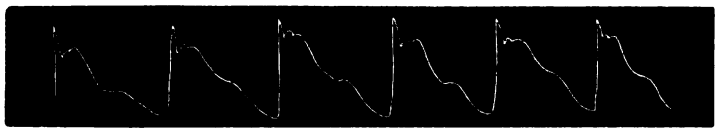
The ages of this patient and the first of the phthisical cases given were the same.

This record is however apparently identical with that of insufficiency accompanied as it usually is by hypertrophy, the variety in heighth, width and definiteness of outline being considerable under the modifying circumstances of excitement, debility or atheromatous degeneration of arteries.

Whether the minute shades of difference in these curves shall ever become significant, of course depends upon the number and character of multiplied investigations. One feature seems certainly to belong to them, viz: that the nearer to the ventricle the obstruction happens to be, the more definite, *ceteris paribus*, becomes the flattening of the apex of the first curve of the tracing, distant obstructions as in the capillaries of the extremities seem to exhibit themselves in the second wave of the writing or in the interspace between the first and second, or sometimes by a tremulous waviness of line toward its end. In proximate obstruction, such as has been already described, or that produced by want of elasticity in the large arterial trunks, or by congestion and disorganizing diseases of organs liberally supplied with blood, as the spleen or kidneys, many observations and careful study of the tracings will be necessary to establish rules for interpretation. Still, even to an unskilled observer, the difference between the following records taken from Dr. Burdon Sanderson's work, will be sufficiently obvious.



HYPERTROPHY OF THE LEFT VENTRICLE, WITH DILATATION.



CHRONIC BRIGHT'S DISEASE, WITH CONTRACTED KIDNEY.

SAME DISEASE, BUT WITH LESS VIBRATILE PULSE.

Now, so far as specific diagnosis goes, the science we are considering being in its infancy, is therefore far from perfect; thus tracings *apparently* similar result from very diverse sources, and our knowledge is at present too limited to enable us to read the hieroglyphics at first sight, always correctly; for example, in mitral obstruction the tension of the auricle necessarily reacts upon the pulmonary circulation, and this in turn upon the right ventricle which supplies it. If the obstruction occur at the tricuspid orifice, a similar reaction exists through the *venae cavae*, the liver, the portal circulation, and thus even upon the direct aortic current. Moreover the pressure of tumors upon large arteries, even derangement of the sympathetic system, produces very similar and therefore perplexing records. Still, even though we may not say as yet just where obstruction exists in certain cases, or why, if we but ascertain *that* it does, the advantage in making a prognosis, or in estimating prospects of longevity, will be incalcu-

lable. It is here proper to say that I have thus far touched chiefly upon cardiac pathology, that this essay may not be too greatly lengthened. Morbid conditions in all parts of the body present tracings of great interest and value, and as we have at command other means of certain diagnosis in cardiac and arterial diseases, it is perhaps even outside of these that sphygmography is of greatest clinical importance. At some future time I hope to present to the profession a more extended and definite series of observations. In concluding for the present, however, permit me to express an opinion at variance with the fears of some who have found difficulties in the practical application of sphygmography, remarking that we should not allow our rules for interpretation to be too hastily formed, inasmuch as hitherto the expense and complex nature of the instrument used, the experience requisite to acquire dexterity, the difficulty of successful application, and the loss of valuable time in each case, have limited the number of workers and their observations.

With a new principle and a simpler and less costly instrument within reach, sphygmography will rise into a definite and useful science. Certain it is that by it, even now, in its immaturity, we may detect deviations from perfect health, not discernable by any other means, and consequently in at least one, and a growing interest in this country, namely, the estimation of possible longevity, it will be invaluable.

MONMOUTH DISTRICT MEDICAL SOCIETY.

BY T. J. THOMASON, M. D.

Mr. President and Gentlemen:

On him whom you have honored with the office of 3rd Vice-President devolves the duty of preparing for this occasion a suitable address. Should his efforts prove less satisfactory than may be desired, he will still claim the merit, and knows you will accord it, of having done what he could. The few hours that at varied intervals could be snatched from an active and laborious practice, have been cheerfully devoted to this service.

My subject will be—*A History of the District Medical Society of the County of Monmouth.*

I am aware that a topic presenting more general interest might have been selected; but in the choice I have been mainly governed by the expressed wishes of some members of the Society, to whose superior judgment I have properly deferred.

My theme is historical, and I am naturally invited to some preliminary remarks upon the uses and advantages of history in general.

History, it has been remarked, like the Hebrew verb, has no present tense. It deals only with the past, more or less near or remote. But it is a *present* companion and friend, a counsellor and guide. It instructs for the passing hour, and prophesies for coming days. It supplies analogies, which

have the force of fixed and reliable laws. Human nature is ever the same; history, therefore, is constantly repeating itself. Like causes, reproduced by recurring events, are followed by like results. Hence the aphorism, "History is philosophy teaching by example," showing us what has been successfully achieved, and what has been unsuccessfully attempted. It has a *voice* for the listening ear, to invite, encourage and stimulate on the one hand, and to warn, discourage and deter on the other. At the head of the nine muses of Greek mythology was Clio. Her scroll was a treasury of carefully collected facts and events; the phenomena and operations of animate and inanimate nature, especially the actions of men, with the internal springs which impelled and governed them. To this well-stored historic garner the sister muses were wont to resort, to collect knowledge for use in their respective departments, whether of graver acquirements, or lighter accomplishments.

The advantages of history are almost inestimable; without it, human progress would be embarrassed and slow; escape from ignorance and error well nigh impossible. The same mistakes would be endlessly repeated, and human effort in all its departments would be the labor of Sisyphus. In addition to these weighty advantages, may be mentioned the lighter benefits. The study has a peculiar charm; the food is not only nutritious, but palatable; especially is the interest lively when the events recorded are near in their relation to ourselves; then they gratify the egotism of our nature. If we cannot say with the hero of the Æneid, "Quorum pars *magna fui*," we can modify the phrase and say, "Quorum pars *parva fui*," little things are great to us, when we ourselves figure in them. Jupiter, and the rest of the divinities, in far-off Olympus, may take care of the world in general, and we will note with becoming reverence their illustrious doings. But the *dii loci*,

our Ceres and Penates, nearer guardians, will have our tenderest love.

This natural interest which we feel in events nearly related to ourselves, created, and we must admit they abundantly justify, the wish that each medical society and association in the State might have, from time to time, a place in our published transactions.

My narrative opens at the period which terminated our second and last war with Great Britain. As a gleam of sunshine through a broken storm-cloud, came the rumor of peace. The verification of the report occasioned universal joy. Scarcely had the glad echoes died away, when the Medical Society of New Jersey, no longer distracted by war, assembled in New Brunswick, on the second Tuesday in May, 1816, for the purpose of reorganizing itself and establishing district medical societies, under authority of an act of incorporation, by the Legislature of New Jersey, bearing date February 15th, 1816. On the 24th of July of the same year, Drs. Edward Taylor, Wm. G. Reynolds, Samuel Forman and Jacobus Hubbard, met at Monmouth Court House (now Freehold) in conformity with instructions from the parent society, for the purpose of forming a district medical society, for that county. After having been duly organized, they proceeded to frame a code of laws for their government, under which they acted, until 1820. Of the exact nature and phraseology of these enactments we are ignorant, no record being in existence. Sometime between 1816 and 1820, date unknown, the parent society deemed it expedient to alter and amend their constitution, contravening some of these laws of the new organization, and making alterations requisite. In consequence, a committee of three was appointed, at the annual meeting held June the 7th, 1819, to make the necessary changes, and report at the next annual meeting. This com-

mittee, composed of Drs. Reynolds, Woodhull and Forman, reported as directed, an amended constitution, which, after being first read and passed in sections and then as a whole, was adopted. This transaction bears date 24th day of April, 1820.

The constitution is a voluminous and carefully written document of 25 sections, displaying the fact that the framers were well qualified for their task.

The first section, rendering it the duty of the President to appoint two members to read addresses, was stricken out in 1838. The times of meeting have been frequently changed, consequently the 10th section has as often been altered. From 1820 to 1838, two meetings were held annually, viz.: the last Monday in April and October; after the latter date the fall meeting was discontinued. In 1859 the time of the spring meeting was changed to the last Monday in May. Finally in 1867, the 3rd Monday in May was selected, in order that the convening of the district organization should precede the meeting of the parent society. The 14th section originally fixed the fine for failure to deliver an address, by the president, at $2. Subsequently the same was increased to $5. The 17th section, which gave $5 license fee to be at disposal of the society, was expunged in 1838.

As proof that the part of the 18th section, requiring an applicant to produce testimonials of good moral character, was not in operation in 1828, a graduate of the University of Pennsylvania was refused license under authority of this requirement. When he subsequently applied for membership he was rejected, having no license. In 1850 a licentiate was refused admission to the Society (and advised of the cause) for gross violation of medical etiquette, toward some of the members. The lesson was severe, but salutary. At the fall meeting of 1820, the secretary and treasurer were

ordered to procure books—first a minute book, second a treasurer's account book. Had the former been procured earlier we might have had a record of the transactions of the society from its birth. Owing to this omission, the acts of the first three years are but briefly recorded, and are probably traditional.

The statement of the treasurer's account at this time, and for some years subsequently, declares the fact that a large percentage of the money was worthless; showing either that that officer was an imperfect judge of the currency, or that the circulating medium was in a very unstable condition. From collateral history we gather that the latter was probably the case.

The society was scarcely six years-old when the members felt that the Spring meeting was the one of paramount importance; this is evinced by the large number of absentees from the autumnal gatherings. An attempt was made by their more punctual brethren, to compel better attendance, by a motion offered in the Fall of 1822, to alter the penalty to one dollar, for absence from any regular meetings, instead of absence through the year. This motion when brought to vote on the following Spring, was lost, but the matter was agitated from time to time, until this resolution finally prevailed, but was of course in operation when the Fall meetings ceased to be held.

For forty years the society has held its meetings in the same room of the same hotel, and have dined together at the same table.

At the April meeting the necessity of a library for the use of the members of the society was discussed, and a nucleus formed, by subscribing for the *New England Journal* and *N. Y. Medical and Physical Journal.* In 1827 the "*Medico Chirurgical Review*" was added. In 1830 the members were urgently

requested to return all the numbers of the Journals belonging to the society in order that they might be bound, which was done (so far as they came in). In 1832 a book-case was purchased. "*The American Journal of Medical Science*," in addition to the others before mentioned, was subscribed for, and a librarian chosen with instructions to collect or ascertain the whereabouts of the missing volumes and numbers. In 1833, owing to the scattered and generally unsatisfactory condition of the library, as reported by the libarian, a resolution was offered, viz: "That after the present subscription for the different Journals expire, they be not renewed." October, 1835, all the books that were in possession, and as many as could be obtained during the year belonging to the society, were to be placed in the hands of a committee who were to put them up in distributive shares, in as many parcels as there were members. These parcels were exhibited at the next meeting and found satisfactorily arranged; each member present drew by lot for himself, and the secretary for those absent. The book-case was sold to the highest bidder, for one dollar, (original cost not known). Thus ended the library, an excellent institution in conception; but "the best laid plans of mice and men gang aft aglee."

In 1825, Dr. Samuel Forman, one of the corporators, owing to increasing years and infirmities, wished to withdraw from the society. The members, feeling that they could not spare so valuable a man, appointed a committee to wait upon him to express this sentiment. At their urgent solicitation he withdrew his request, and both his presence and counsel were secured for several succeeding years. In 1832, he and Dr. Jacobus Hubbard, also one of the corporators, were made honorary members. These gentlemen were the first to be complimented in this way by the society. This custom has been perpetuated until the roll now contains seven names.

From the organization of the society, the privilege of appointing censors to examine candidates for license had been accorded to it. For the year 1830, however, that power was withdrawn and delegated to three persons appointed by the State Society for each of the three districts in the State, viz: Eastern, Middle and Western. The Monmouth Society, belonged with others, to the middle district. In 1845, owing to a change in the by-laws of the State Society, this power reverted to the District Society, and again the roll of licentiates was opened. This was particularly pleasing to some of the members who had felt aggrieved by the previous action of the parent society, which they regarded as an infringement upon their rights; thus the matter stood until 1850, when the right of the censors was encroached upon by the passage of a law in the State legislature, (to which it would seem the State Society became a party, by at least a tacit consent) recognizing the diplomas of certain well known medical schools, and allowing diplomas to take the place of a certificate of examination by the board of censors. This law was a great mistake; it opened a door which could not be shut; besides drawing invidious distinctions, it prepared the way for the sweeping law of 1854, which allowed any one a license who would file a copy of his diploma in the clerk's office of the county and pay his *shilling*. If the law of 1850 gave rise to feelings of indignation, we may imagine the disgust excited by the law of 1854, in the medical society of Monmouth. The displeasure provoked, found expression in the following preamble and resolutions, passed April 24th, 1854:

Whereas, The hurried passage of an act of the legislature, entitled "An amendment to an act to incorporate medical societies," completely destroys the usefulness of our medical associations, and deprives the medical society of all its immunities and privileges:

Therefore Resolved, That the District Medical Society of Monmouth cor-

dially unite with other district societies in recommending an extra session of the State Medical Society of New Jersey, at some time early in the month of June, to take action in the premises.

A copy of this resolution was ordered to be transmitted to the secretary of the parent society. This action of the legislature was not quite so potent for evil as the first part of the resolution might lead us to imagine; but it shows the displeasure felt at the unfair means used by certain parties, who were chagrined, that the diplomas of their institutions (owing to want of a proper curriculum of study) were not recognized or placed upon a par with those of a higher grade. Prompted by this envious spirit, they used their influence with the State legislature to place all medical institutions on an equally favorable footing before the law. Thus was the power of the censors cut down from time to time, until nothing was left, save that of the natural right of a voluntary association, to judge of the qualifications of applicants for membership.

Some of the titles to annual addresses are novel, and suggest interesting subjects. In 1822 an article was read before the society, upon the "Morus Alba," by Dr. G. S. Woodhull, who ascribed to it efficacy in renal diseases and irritation of the bladder. One, by Dr. A. B. Dayton, 1843, "A Review of the principles and practice of Thompsonianism." Another, by Dr. J. P. Lewis, in 1853, on "Fear in connection with the medical profession."

Communications, detailing recent cases in practice, of unusual character, formed an interesting and instructive part of the exercises of the society. We will quote a few, presenting prominent irregularities:—April, 1832, Dr. R. W. Cooke reported in his obstetric practice, a case of "Lusus Naturæ," with deficiency of parts. The presentation was of the second order (transverse) and the rarest species, being abdominal. The parietes abdominis were wanting, except the peritoneum,

which seemed to have been lacerated, early in labor, so that on first examination, the finger came in contact with the naked abdominal viscera of the fœtus, which was matured and alive (as in attempting to reach the feet, the fingers came in contact with the heart, and the impulse was distinctly felt for a few seconds). The diaphragm was imperfect; pericardium none; lungs in situ; the two mediastina perfect, no ossa pubis. In each groin was a fleshy appendix; the integument of the right resembled scrotum; anus imperforate. The mother was well formed; father had hare-lip. Their children, heretofore, had been of natural shape. Fœtus could not be obtained. The same member, in 1833, read a communication on "Intus susceptio," illustrated by specimens from a recent case, with portion of ilium, coecum, and part of colon invaginated. Was exhibited by the same, some time subsequently, a case of exsection of the head of humerus, with three inches of the shaft, in a boy, aged 16 years, who could carry a bucket of water with same arm. Dr. Dayton, in 1852, gave a history of a case of "Mollities Ossium;" in 1855, a case of "Inversion of Uterus, with method of reduction;" and in 1859, of "Dry Gangrene of a single finger," in a subject apparently in perfect health. And in 1863, a case of "Phlegmonous Erysipelas," destroying the scrotum and cellular tissue of the penis, with repair and recovery. Dr. Vought, in 1855, related the particulars of a case of "Extra Uterine Fœtation," and exhibited several of the bones of the fœtus, which had been expelled and removed from the rectum of the patient. 1829, Dr. C. G. Patterson, gave a case of "Occluded Vagina, and Retained Catamenia, relieved by the knife.

The subject of Temperance attracted the attention of the society as early as 1834. To put themselves upon the right side plainly before the people, a resolution was passed, and ordered to be printed in the "*Monmouth Inquirer*," and

"*Monmouth Democrat*," declaring that "ardent spirits is not needed in health; that on the contrary, it is not merely useless, but pernicious, productive of disease and death." April 30, 1855, by "ayes" and "nays" it was resolved, "That hereafter no more wine bills should be paid out of the funds of the society." A tilt at segars was made at the same meeting; but the "weed" did not share the fate of the wine, inasmuch as the mover for expunging wine from the bill was an inveterate smoker, and voted "nay," so they are still a luxury indulged in by the majority, at the general expense.

Until 1841, delegates to the State Society were appointed by the chair, after which they were chosen in alphabetical order, with the privilege, if present, of declining, the next in order being selected. In 1844, it was made the duty of the delegates to designate one of their number to give a synopsis of the proceedings of the parent society, and report the same, at the following meeting of the county organization. This society was brought into direct connection with the American Medical Association, by appointing delegates in 1853; since which time they have been annually nominated, and some of them usually in attendance. In 1853, an officer, called a reporter, was appointed, the usefulness and importance of whose duties are now too well known and defined to need any explanation.

In 1870, a new feature, interesting and instructive, was added to the meeting. Each member's name is called, as it occurs alphabetically, and is required to give a written or verbal report of the state of health, within the past year, in his practice, and recount any interesting cases or novelties in treatment.

An important department of the history of the district medical society of Monmouth is its necrology. Like obituary records in general, its office is to embalm the dead—

not wrapping the inanimate clay in cerements and preserving it in mummy form, which centuries hence, sacrilegious hands may manipulate, exposing to curiosity's gaze, or subjecting to scientific examination. By a spiritual process, it embalms the memory of the dead. In spite of the power of Hades, it detains (so to speak) the spirit which would otherwise enter the land of forgetfulness, to move still amid the busy scenes of earth, and inspire by example the successive generations of living men. Through it, the silent tomb has a voice, and "they being dead yet speak." Our little band of the Monmouth district medical society has its list of departed worthies, who have rested from labors well performed, and left a fragrant memory behind. Our grateful task to-day, is to weave and hang on their urns, *in memoriam*, affection's garland, and plant the cypress over graves we would not have forgotten.

The first to whom we would invite your attention is

Dr. Wm. G. Reynolds. He was one of the founders of the society; was born in Northampton Co., Pa. Of his early history nothing can be ascertained beyond the fact that he had been connected with the navy, and had travelled extensively. He was settled at Middletown Point, now Matawan, where he practiced for many years. He was much esteemed for his ability, and acted as preceptor to several, who afterward became prominent practitioners. Beside his own extensive business, he had a large consulting experience. In mind he was decidedly intellectual. A bachelor, — remarkably temperate, — systematic and industrious. Apart from his profession, he possessed great mechanical skill; a lady in the county has a work box which he made and presented to her while she was his patient. The workmanship is beautiful. On one occasion, having been disappointed by his tailor, he cut out and made a suit of clothes for himself, which fitted

him admirably. He was the first president of the Monmouth County Medical Society, 1816; its treasurer from 1820 to 1824; about which latter date he left the State and established in a short time a good practice in New York city, where he died, at what time cannot be ascertained.

Dr. David Forman, son of Dr. Samuel Forman, was born at Freehold in the year 1796, and died in 1826, at 30 years. He received a liberal school education; studied medicine with his father; graduated at the University of Pennsylvania about the year 1820; was licensed, after examination, by the board of censors of the district medical society of Monmouth. He was admitted a member of the society, April 30th, 1821; elected secretary in 1823–4. In 1822 he read an essay upon the "Causes, symptoms and treatment of Paralysis." Associated with his father, he practiced with him until his death. Although pursuing his avocation but a few years, he acquired the reputation of a skillful surgeon and successful physician, which, combined with fine social qualities, made him exceedingly popular. He is buried in the yard of the old Tennent church.

Dr. David Forman, Sr., son of Jonathan and Hope, died at Middletown, Dec. 26th, 1825, aged 34 years; was buried at Tennent church. Dr. Forman studied medicine with Dr. Samuel Forman, of whom he was a relative. He was licensed by the State medical society and located at Middletown, where he practiced until his death. He became a member of the district medical society in 1818; was its vice-president in 1824.

Dr. Gilbert Woodhull, a son of the Rev. John Woodhull, D. D., forty years pastor of the Tennent church, was born Jan. 11th, 1794, and died Oct. 13th, 1830. His literary studies were pursued with his father, who was a successful

teacher, as well as preacher. His medical preceptors were Dr. John T. Woodhull (his brother) and Dr. Hosack, of New York; he graduated at the college of Physicians and Surgeons, and soon after occupied the field held by his brother John, who declined in his favor. He acquired a large practice in the townships of Freehold, Manalapan, Upper Freehold, now called Millstone, doing the most extensive business in the county. He was a man of fine personal appearance, prepossessing address, manners unusually pleasing and magnetic, combining dignity with a genuine *bonhomie*. He was almost a centaur in his out of door life, always in the saddle, sitting on his horse with inimitable ease and grace; riding at a slashing gait; shortening distances by crossing fields and fences, merely throwing off the top rail and jumping the rest; of great endurance, a stranger to fatigue. The close of a morning ride would frequently find him forty miles away from his starting place. Inheriting considerable wealth from his father, he practiced rather from love of his profession than the desire of pecuniary gain. Eminently a pious man, he was chosen a ruling elder in the Presbyterian church at Perrineville, of which his nephew was pastor.

This brilliant man died in his thirty-seventh year, leaving a wife and three children. His fatal illness was congestive fever, caused by exposure. He was admitted a member of the Monmouth District Medical Society in 1818. In 1822–3 was elected president of the County and in 1825 of the State Society. He was interred in the burial ground attached to the Presbyterian church at Perrineville. A substantial monument is erected to his memory, upon which is inscribed the appropriate scriptural quotation:

"I have fought a good fight. I have finished my course. I have kept the faith. Henceforth there is laid up for me a crown of righteousness, which the Lord the righteous Judge shall give me at that day, and not to me only, but unto all them also that love his appearing."

Dr. James English, Jr., son of Dr. James English, Sr., was born at Englishtown, and there died of consumption, May 7th, 1834, in his forty-second year, and was buried beside his parents in the Tennent church yard. He studied medicine with his father; attending one course of lectures at the University of Pennsylvania, another at the College of Physicians and Surgeons, New York, and was licensed by the State medical society. He had an extensive practice, inherited from his father and enlarged by himself. The hard work and exposure, incident to which, broke down in middle life a constitution never robust.

Dr. James P. Kearney, studied with Dr. Samuel Forman; practiced and died in early life, at Keyport. He was licensed by censors, October, 1823; admitted a member of the district medical society, April, 1824. His time of death and birth cannot be ascertained, as the vault in which his body, with others, had been deposited (many years), a short time since was entered, the plates removed, coffins broken up, and the remains mixed promiscuously, so that not one could be distinguished from another.

Dr. John B. Throckmorton, the son of James and Frances Barbara, was born at South River, Middlesex county, N. J., April 3d, 1796, and died at Freehold, Sept. 19th, 1856. He was educated at New Brunswick; studied medicine with Dr. Wm. G. Reynolds one year, then entered the office of Dr. David Hosack, of New York; attending lectures and graduating at the College of Physicians and Surgeons. He was licensed after examination, by the board of censors of Monmouth county, April 29, 1822; was admitted a member of the district medical society, April, 1824, and elected vice-president in 1830. In 1822 he located in Freehold, where he continued to practice until his death.

As a physician and man, Dr. Throckmorton was judicious and candid, highly esteemed for his integrity of character and beloved for his kindness of heart. He was buried in the grave yard attached to the Episcopal church, of which he was a warm supporter.

Dr. David C. English, the son of Dr. James English, Sr., was born at Englishtown; after being an office pupil of his brother James, he attended lectures in New York, and was licensed by the Medical Society of New Jersey. Associated with Dr. William G. Reynolds of Matawan for one year; on the removal of that gentleman to New York, he purchased his office and interest in the business, but finding his health inadequate, he removed to New Brunswick—afterwards to Springfield, Union county, where he died a few years ago. He joined the district medical society of Monmouth, April 24th, 1826.

Dr. Charles Gordon Patterson, the second son of Judge John Patterson, was born in Middletown, Monmouth county, September 4th, 1796, and died of phthisis pulmonalis, at Sykesville, Burlington county, N. J., February 18th, 1835, in his 39th year, leaving a widow with seven children and a posthumous son, who took his father's name. Dr. Patterson studied with Dr. Wilson of Middletown and Dr. Lewis of Eatontown; graduated at the New York University. First engaged in practice in the spring of 1816, at Upper Squankum—soon left, going to Colt's Neck, thence in 1817 to New Egypt, where he established a reputation as an able physician and surgeon. He connected himself with the society, April 30th, 1827, and was its vice-president in 1829; was a good and ready writer—quick in his perceptions and possessed of versatile talent. He was buried in the Baptist cemetery at Jacobstown, Burlington county.

Dr. Edward Taylor, the only son of Edward Taylor, was born in Upper Freehold township, Monmouth county, May 27th, 1762 and died May 2d, 1835. After graduating at Princeton college, he studied medicine with Dr. James Newell of Allentown. During the winter he attended lectures at the University of Pennsylvania, and visiting the wards of the hospital, until he received his degree of M. D., March 25th, 1786. He commenced practice at Pemberton, Burlington county, but soon removed to his native place, where for many years he engaged with remarkable activity and usefulness in the labor and responsibilities incident to a large country practice, often extending from the Delaware to the sea-coast; traveling on horseback by day and night, regardless of weather. Notwithstanding this life of intense mental and physical exertion, by temperate habits he preserved his medium sized compact frame in an unusually healthy condition until near the close of his life, which was terminated by a local disease after a short illness. About twelve years prior to his decease, under a conviction of duty, he accepted the position of superintendent of "The Friends" Asylum, of Frankfort, Pa. which he ably filled for nine years, when he returned to his home in New Jersey. Few men have occupied a higher position in the estimation of those who knew him, for integrity and strict morality—adorning by his life and conversation the doctrines he professed—rendering himself beloved and honored by all—but more especially by his own "Society of Friends."

Identified with the formation and early history of the Monmouth district medical society, he was its vice-president in 1816 and president in 1820, when he read a valuable address upon the "the causes and treatment of pneumonic inflamation."

Dr. Taylor's death was preceded a short time by the de-

cease of his beloved and talented wife, Sarah. He left a large and unbroken family of children. "His end was peace." In the "Friends" burying ground—near Cox's corner—two adjoining mounds, thickly covered with myrtle, attract attention. At the head of each—just appearing above the deep green—is a small brown stone. By depressing the surrounding foliage can be seen inscribed upon one—"S. T., 1832"—upon the other "E. T., 1835." As full an inscription as their religious tenets and the society to which they belonged permit.

Dr. John Morford, son of Thomas Morford, of Shrewsbury township, was born in 1803, and died at Squan village, December, 1839, aged 36 years. His medical preceptor was Dr. Jacobus Hubbard, Jr. of Tinton Falls. He graduated at the University of the State of New York, and was licensed after examination by the censors of the Monmouth county Medical society in April, 1824. The next year he commenced practice at Squan village, where he remained until his death. With an extensive practice, he was exceedingly popular and universally beloved. Dr. Morford connected himself with the society, April, 1826.

Dr. Samuel Forman, was born at Freehold, August 3d, 1764, and died in 1845, aged 82 years and was buried at the Tennent church. He studied medicine with Dr. Henderson of Freehold—graduated at the University of Pennsylvania and commenced practice in that State—but remained there for only a short period. He returned to his native place about the year 1790, where he built up a large practice, pursuing it diligently until 1840. The infirmities of old age necessitating a less active life, he retired to his farm and there passed the remainder of his days.

Dr. Forman was president of the State society 1814—be-

came one of the corporators and secretary of the district medical society of Monmouth in 1816—treasurer in 1819 and 1824—and president in 1821. The doctor was erect in figure, always well dressed—in manner gentlemanly but never stooped to familiarity. He was descended from one of the oldest families of the county—staunch whigs during our revolutionary struggle. A number of young men, afterward physicians, were his office students.

Dr. Jacobus Hubbard, Jr., one of the founders of the district medical society of Monmouth, son of Dr. Jacobus Hubbard, Sr., was born upon the farm of his father near Holmdel, Monmouth county, N. J., April 3d, 1766, and died February 25th, 1847, in his 82d year, and was buried upon the farm where he was born. Recently his remains have been removed, with those of other members of his family, to the beautiful cemetery of "Fairview," near Red Bank, N. J. He studied in the office of Dr. Clark—graduated at the University of Pennsylvania—was licensed in New Jersey, and after practicing with his father for a short time, removed to Gravesend, Long Island, where he remained for two or three years. At the solicitation of friends he returned to New Jersey and settled at Tinton Falls, in his native county, where he was actively engaged in the duties of his profession, for fifty years, traversing the country from Raritan Bay to Manahawkin and west into the adjacent counties. He was an active, industrious, energetic man, always at the post of duty—of considerable wit, and the terse humorous sayings which he uttered without a smile, are yet quoted in the region where he practiced—of kind heart, rich and poor alike received his attendance. After the loss of his first wife, Dr. Hubbard remained a widower 31 years, and then married Miss Charlotte Corlies, who still survives him in her 81st year. He was treasurer

of the county society in 1816—secretary 1819—vice-president in 1820—president in 1827-8—and the author of an essay on "Venereal Disease in Infants," and upon "Irritable Ulcer." Five gentlemen, who afterward became well known physicians, were his pupils, viz: Drs. McKnight, Vanmater, Morford, Lefferts, and Wm. Hubbard, his nephew. Although never connecting himself with any religious denomination, he was (when his professional duties would permit) a regular attendant upon the services held in the Presbyterian church at Shrewsbury.

Dr. William Forman was born near New Egypt, in Monmouth county, N. J., August 17th, 1796, and died at Princeton of typhoid fever, Feb. 22d, 1848. He studied medicine with Dr. Samuel Holcomb, of Allentown, Monmouth county; attended two courses of lectures at the University of Pennsylvania, but graduated at the College of Physicians and Surgeons, New York, in 1819. He was examined by the board of censors and licensed April 24th, 1820, and admitted a member of the district society of Monmouth in the same year. He was its president in 1829, and in 1828 read an essay on Calomel, and in 1830 another upon "Traumatic Tetanus." He was president of the State society in 1833. He occupied in succession a number of important fields of labor. Commencing with New Egypt—removed to Spotswood, Middlesex county—then Eatontown, Monmouth county—then to Paradise, Lancaster county, Pa.—then to Allentown, N. J.—then to Princeton in this State, where he died. He is represented to have been a man of remarkable talent—a fine scholar and a writer of much merit; as a physician he was skillful, and among his patrons were some of the best families of Princeton.

Dr. Grandin Lloyd was born in Freehold, October 13th,

1807, and died there, May 30th, 1852—was an office pupil of Dr. John B. Throckmorton. He attended lectures at the University of Pennsylvania, was licensed by the medical society of New Jersey in June 12th, 1833—located in Freehold, where he practiced until his death. He connected himself with the medical society of Monmouth, April, 1844—was its vice-president in 1845—president in 1846.

Dr. Lloyd was a successful practitioner—enjoying the confidence of his patients to a great extent and his memory is still held in grateful remembrance for his many good qualities—particularly by the poor to whom he was always kind and attentive.

Dr. C. C. Blauvelt was born at New Brunswick, August 20th, 1806, and died at Hightstown, March 28th, 1855, and was buried in the cemetery there.

Dr. Blauvelt received his education at Rutgers college—went to Virginia to teach school, and while there studied medicine at the University of Virginia. He returned to New Jersey, was licensed by the State medical society—commenced practice at Holmdel in this county—remaining two years—here he married and connected himself with the county society April 25th, 1831. He then removed to Hightstown, Mercer county, still retaining his connection with the Monmouth county organization, of which he was elected vice-president in 1833—president in 1834—and treasurer for 1840, and vice-president of State society, probably in 1854. The Doctor read several essays before the district society, embracing the following subjects, viz :—"The Liver," Oct. 29th, 1832; "Debility," Oct. 28th, 1833; "Intermittent Fever," April 27th, 1835; "Prolapsus Uteri," April 30th, 1838.

Dr. Blauvelt was a man of fine personal appearance—above the middle height—decidedly intellectual cast of face—re-

markably easy and gentlemanly in manner. His deportment in the sick room was remarkably happy—inspiring love, respect and confidence. A good conversationalist and writer, a natural and cultivated musician—of social, obliging disposition—in his profession honorable and skillful, it is not to be wondered at that he was popular both as a man and physician. Few had more or warmer friends.

Daniel Polhemus, M. D., was born September 28th, 1806, and died of pneumonia, after a short illness, at Englishtown, March 1st, 1858. He studied medicine in the office of Gilbert S. Woodhull, and graduated at the College of Physicians and Surgeons, New York, in the spring of 1828, and in the same year located at Englishtown, where he remained to the time of his death. He was licensed by the board of censors of the district society of Monmouth, in April, 1828, and admitted a member in October of the same year. He was elected vice-president in 1831, and president in 1832. He filled the office of secretary during 16 years.

Dr. Polhemus, although constitutionally delicate, and of spare frame, yet by care and regular habits was enable to withstand for 30 years the exposure incident to a country practice, but succumbed to a disease which he always feared would prove fatal to him. A man of irreproachable character, gentlemanly in manner—exceedingly neat in personal appearance—he enjoyed the respect and esteem of a community with whom he mingled for a lifetime. He was buried in the yard attached to the Tennent church, of which he was a consistent member for many years. A handsome monument marks his resting place.

Dr. Wm. L. Debow was born at Englishtown, Monmouth county, N. J., and died October 31st, 1858, aged 43 years; studied with Dr. Daniel Polhemus, and graduated at the

Massachusetts Medical College in 1836. He was attached to the Northern Dispensary of New York as apothecary and physician during six years. His health becoming impaired, he removed to Englishtown in 1840, and was associated with his brother-in-law, Dr. Polhemus, for several years. His health entirely restored—in fact becoming robust—he was enabled to perform the duties of his profession, and acquired an extensive practice, enjoying an enviable reputation for skill as a physician and surgeon—both with the community and the profession. As a physician he was honorable, and observed the ethical rules of our code with scrupulous care, of a generous and impulsive character, he could not tolerate anything like a mean professional act, and did not hesitate to denounce such with all the energy of his nature. His death was sudden and unexpected—leaving a wife, a community and a large circle of warm personal friends to mourn their loss; an excellent speaker, of fine presence, his remarks upon any subject always commanded attention. In the society he often brought to notice cases of special interest. He joined the society, April 28th, 1845—was vice-president in 1847—president in 1848. He is interred at Tennent church.

Dr. John P. Lewis was born in the Highlands of Neversink, in the township of Middletown, N. J., on the first of October, 1788, and died February 27th, 1861. At seven years of age he was adopted by his maternal aunt and moved to Shelburn, Nova Scotia, where he remained enjoying the benefit of a classical school of high reputation. His aunt having died, he returned to his native place and continued his studies with Rev. John Woodhull, D. D., until he was deemed qualified to enter, as a medical student, the office of Dr. Aaron Pitney—at the same time he attended lectures at the medical department of Columbia college in New York. He was a fellow

student with Dr. Francis, whose confidence and friendship he enjoyed through life. He received his degree and was licensed by the State in 1810. He commenced practice at Squan; then removed to Eatontown in 1811, where he continued to live and practice to the time of his death. He was admitted a member of the society in 1820, and was its president in 1853. His essay read on that occasion was much admired. Dr. Lewis was a very successful practitioner. In surgery he excelled. To skill he added discretion. For a time he was the *the surgeon* of the entire middle and eastern portion of the county. He was always a student in his profession, appropriating new discoveries in medical science and incorporating them in his practice. Dr. Lewis was exceedingly mirthful and social—given to practical jokes and humorous sayings—many of which are traditional, in the neighborhood of Eatontown. His cheerful manner—combined with the faculty of at once gaining confidence—had a salutary effect upon his patients. From his large fund of anecdotes he was sure to draw one applicable to the occasion. The following illustrations may be given: called in haste to see an old lady who had the reputation of being a scold, he found her with a dislocated jaw. He remarked, "I never saw you when you were so quiet, better leave it so, I guess." He reduced the dislocation. Her first remark as he retreated was, "get out, you old fool, you come here to insult me." The Doctor laughing, departed, observing as he went, "it works as well as ever, don't it? you are all right now."

Attending a tedious case of labor, he advised the patient, who was refractory, "to get up and run around the house," which she did and soon lightened her steps by giving birth to a fine boy; the Doctor roaring with laughter at the new expedient.

Having been called to see a hypochondriacal female who had

been under the treatment of a number of physicians for what she was determined to call tape-worms, the Doctor after examining her case, informed her husband that if he could keep a secret and assist him he would prescribe successfully for her. To this he agreed. The Doctor put him to digging until he had procured about two quarts of earth worms. These were put in a chamber, which at the proper time was slyly placed under the bed. He gave his patient a brisk cathartic previously telling her that her impressions were right, she had tape-worms, but that if she would follow his directions, with the operation of the cathartic that night she would be relieved. He desired the vessel to be kept for his inspection. Calling the next morning she exclaimed, "thank God! Doctor, I am a well woman—that medicine has cured me—look!" And so it did; the Doctor and husband had a hearty laugh over the matter and so well kept the secret that the victim of the joke knows nothing of the ruse to the present day. The Doctor received a liberal fee for his ingenuity.

One of the physicians who had treated this case, meeting Dr. Lewis in a narrow road exclaimed, "I never turn out for quacks." Dr. L. quickly replied, "I do," and rode on.

Dr. Lewis was interred in the Episcopal burial ground at Shrewsbury. The remains were followed by the Grand Lodge of N. J. of Free and Accepted Masons, of which he was Past Grand Master.

Dr. Edmund W. Allen, was born in the township of Shrewsbury, August 14th, 1788, and died May 17th, 1867. He studied medicine with Dr. Samuel Tenbrook; attended lectures at the University of Pennsylvania; was examined on the 11th of April, 1810, by Drs. Tenbrook and Charles Smith, and on the same day received license at the hands of Andrew Kirkpatrick, chief justice, and Wm. Russell, sec-

ond justice of the State of New Jersey. He began practice at Shrewsbury village, the field of his labors during fifty-five years. Constitutionally delicate, he was, nevertheless, by judicious care, enabled to preserve unbroken his professional labors through life, with the exception of a single interruption lasting some two or three months, the result of an accident in 1850, which had nearly proved fatal. He mistook the condition of a draw-bridge at Rahway, during the darkness of the night and was precipitated into the river. Both in professional and social life he was of the old school—a thorough gentleman in manners and feeling. First acquaintance inspired esteem and confidence. He was friendly without familiarity—always kind, yet dignified; remarkably prudent in speech. To a strong will was added warm feelings—always however under admirable control. His judgment was sound and memory tenacious. Entirely devoted to his profession, all other claims were held subservient to its calls. Rich and poor alike received his attention. Firm and self-reliant, he was nevertheless singularly modest—never boasting of his achievements or attainments. He connected himself with the district medical society about the year 1817. He was its vice-president in 1822–3; its president in 1824; secretary, 1821 and 1827. The disease of which he died was catarrh, resulting in phthisis; confining him to his room for two or three months. His mind was clear to the last. A regular attendant at the Episcopal church in health, during his final illness he connected himself with it, and was interred in its burial ground, where a beautiful monument is erected to his memory.

Dr. R. W. Cooke, son of Dr. Ambrose Ellis Cooke, was born January 21st, 1797, at Newton, Sussex county, N. J. He studied with his father and Dr. Valentine Mott; graduated at the College of Physicians and Surgeons, New York.

In 1820 settled in Holmdel of this county. He died the 27th of December, 1867. Dr. Cooke became a member of the district medical society in 1824. Was elected vice-president in 1828. His communications to the society were many and interesting. He was remarkable for punctuality in his attendance upon the meetings. To his profession he devoted all his energies. He was a vigorous man, with much courage, endowed with uncommon prudence and practical sense, and above all a man with clearly defined ideas of what he wished to do; with strength of body and mind to make ideas realities. What he undertook to do he almost invariably did, and to this habit of persistency he mainly owed his success in life. With these characteristics it is not to be wondered that he was a successful physician; with probably the most extensive practice in the county. He was a discreet but bold surgeon, exceedingly attentive in the after-treatment of that class of patients. We cannot do better than quote the language of his pastor, Dr. Reiley, who knew him long and intimately. "Dr. Cooke was a gentleman at home and abroad. In his intercourse with the world he was modest, unassuming and deferential, possessing great simplicity of character." To the speciality to which he devoted his life, he gave all his energies. All his reading and study had one view, the better to qualify him for its duties—never suffering himself to be come antiquated. His labors in his profession were untiring; not allowing himself to be restrained by heat or cold, darkness or storms. He indeed seemed to love the work for its own sake, with all its toil and privations. He prospered in the world, and deservedly so. As a hearer of the gospel he was earnest and attentive—his attendance on week day service and prayer meetings in private houses was probably more constant than could expected for one with so many and varied professional duties. His fatal illness was peritonitis from

ilio-cecal obstruction—a disease upon which he had written an essay many years before and read in the presence of the medical society. Dr. Cooke was buried at "the Brick Church," near Marlborough.

DR. JAMES H. BALDWIN, was born near the "burnt tavern," Millstone township, Monmouth county, about the year 1897, and died in Hopewell township, Somerset county, about 1868. He was an office student of Dr. Gilbert S. Woodhull; attended two courses of lectures at the University of Pennsylvania, and was recommended for license by the board of censors of the medical society of Monmouth, April 24th, 1820, and admitted a member in April 30th, 1821. He was associated in practice with Dr. Woodhull for one year, when he removed to Hopewell, Somerset county, where he acquired a good practice. He was a member of the Baptist church and died respected and regretted.

JOHN TENNENT WOODHULL, M. D., the son of Rev. John Woodhull, D. D., was born August 24th, 1786, and died Nov. 18th, 1869. He was educated at home by his father, but received the honorary degree of A. M., in the year 1812, from the College of New Jersey. His medical preceptor was Dr. Van Cleave, of Pennsylvania, in 1806. He commenced practice in Manalapan, Monmouth county, where he continued until he relinquished the business in favor of his younger brother, Gilbert S. He was a member of the lower house of the State Legislature for several years. After giving up practice he resided upon the farm until 1842, when he removed to Freehold, where he resumed practice. During part of his time he was judge of the county court. In 1866 the Doctor removed to Camden, where he resided with his eldest son until his death.

Dr. Woodhull was tall in person, of dignified and gentlemanly deportment; precise and deliberate in manners and speech; a pleasant companion and an entertaining and instructive conversationalist. Few men were better known in the county, or more respected. He was admitted to the county society, April 29th, 1844; acted as its vice-president in 1846, and president in 1847. He was interred in the grave yard attached to the old Tennent church, of which he was for many years a member.

Dr. A. B. Dayton, a brother of the late lamented Wm. L. Dayton and James B. Dayton of Camden, was born at Basking ridge, Somerset county, December 25th, 1812, and died of cholera morbus, on 19th of July, 1870, aged 57.

His preparatory education was completed at Princeton college. He graduated in medicine at the College of Physicians and Surgeons, New York in the spring of 1835; practiced at Chester, Morris county, N. J. a few months; removed to Matawan, then to Middletown Point in July of the same year, and remained in active practice 35 years.

In his relation to his medical brethren, he was kind, courteous and honorable. The ethical ruleswhich regulate our profcssional intercourse, he observed with scrupulous care—never forward or obtrusive, he applied to his conduct, among his medical associates, the scriptural injunction, "in honor prefering one another." His position in regard to them was always of the most pleasant character, and no man's death was ever more sincerely mourned by those who might so readily have been converted into business rivals and personal foes. His professional standing was evinced, by his early election, in 1854, to the position of president of the State society. His connection with the district society commenced in April, 1841. On admission his examination was waived by a unan-

imous vote. He was made vice-president in the year 1841, and president in 1842. A short time before his decease, he represented the district society as a delegate to the State society. His name appears upon the roll of permanent member of the National Medical Association. He possessed oratorical and rhetorical powers of a high order—being a graceful speaker and finished writer. His mind was adorned with rare gifts. His deportment gave the true clue to his character, that of a refined and cultivated gentleman. His essays and communications were always well written and instructive. (Among them we notice the following titles: "Review of the Principles and Practice of Thompsonianism," "Mollities Ossium," "Inversion of the Uterus, with method of reduction, and case illustrated," "Cerebro-Spinal Meningitis," "Dry Gangrene," "Phlegmonous Erysipelas of penis and scrotum, with case.") At his mournful obsequies, surrounding his bier, were not only the wealthy and those bound to him by the ties of consanguinity, but there stood the poor, the widow and the orphan. While down their cheeks trickled the silent tear—they seemed a monument more noble, than the loftiest marble, be it ever so elaborately and artistically decorated. Dr. Dayton was interred in the beautifully located cemetery, near Matawan.

Dr. John R. Conover, was born near Freehold in 1813. He received a liberal education—studied medicine with Dr. Howell of Princeton—attended lectures at Fairfield medical college in the State of New York, afterwards at the University medical college in New York city, where he received his diploma. He first practiced medicine at Red Bank, N. J., where he built up a large practice. In 1841 he was elected to the State legislature, where he served three terms. In 1856 he was elected surrogate of Monmouth county, which

office he filled for two consecutive terms. In the Spring following—his first election to the office of surrogate—he removed to Freehold, where he again entered upon the practice of his profession which he pursued until his death, on March 26th, 1871. He joined the Monmouth county medical society in 1852.

Throughout his professional life he was a successful practitioner, and possessed the confidence, to a high degree, of those entrusted to his care.

DEWITT W. BARCLAY, M. D., was born in Cranberry, Middlesex Co., N. J., Feb. 8th, 1818, and died of phthisis pulmonalis, at Turkey, Monmouth Co., March 20th, 1867. His preliminary education was received at the academy of his native place, and his medical studies pursued with Dr. Gandin Lloyd, of Freehold, and at the Crosby street Medical College, New York, where he graduated in 1847. Licensed by the State Society, April 26th, 1847, he commenced practice in partnership with his preceptor, locating himself at Turkey, where he acquired an extensive practice, to which he assiduously devoted himself for several years, until his health required him to desist, when he purchased and moved to a farm. Into his agricultural pursuits he carried the same energy which characterized his medical course. After a few years, thinking his health re-established, he sold his farm and returned to his former location and practice, but the exposure, with the irregular habits incident to an active professional life, soon lighted up the old disease, and after many attacks, with intervals of comparative health, he sickened; and manfully struggling against his malady, holding on to life with great tenacity, full of mental energy to the last, lacking only breath to express his solicitude for his orphan children, he died.

Dr. Barclay was of handsome face, small stature, exceed-

ingly well formed, of generous impulsive temperament, quick nervous movement, with a remarkably fine expressive eye. He connected himself with the Society April 24th, 1848, was its Vice-President in 1849, President in 1850. His obsequies were conducted with Episcopal ceremony, and his remains deposited in the cemetery near Freehold.

WILLIAM DUNHAM NEWELL, M. D.,* fifth and youngest son of James H. and Eliza D. Newell, was born at Black's Mills, Monmouth county, New Jersey, on the 20th day of February, 1823, and died at Imlaystown, Monmouth county, New Jersey, on the 22d day of November, 1869, in the forty-seventh year of his age. He received classical education at New Brunswick, studied medicine with his brother, Azariah D. Newell, M. D., and William A. Newell, M. D., graduated at the medical college of the District of Columbia in 1844, and began the practice of his profession at Imlaystown, where he continued to reside until the time of his death.

During the Rebellion he enlisted as a private in the Army of the Union, but was soon thereafter appointed Surgeon to the 28th Regiment of New Jersey Volunteers, a position which he filled with great skill and acceptance until the expiration of his term of service. He was present at the first and second battles of Fredericksburg, at Chancellorville and other minor engagements, was repeatedly exposed to Rebel fire, but always conducted his duties with coolness and courage, never shrinking from danger. His life was devoted exclusively to his professional business, and he had at all times a large and lucrative practice. His thorough knowledge of diseases, extensive experience, keen perception, sound judgment and close application combined to render him eminently success-

* This notice is furnished by his brother, Dr. Wm. A. Newell.

ful as a practitioner, and gained for him a wide spread and well deserved reputation as a physician, not only with the people, but also with his medical brethren, with whom his relations were most friendly and intimate. He was possessed of extraordinary delicacy of touch and mechanical talent, and was a dextrous manipulator. These qualities rendered him a successful surgeon, so that in the adjustment of wounds, luxations, fractures, applications of splints and bandages, and in the management of such other surgical cases as came in his practice, he had no superior. He was a constant reader, keeping pace with the most advanced ideas and improvements in the medical profession, was a close student of history, familiar with the best poetry of the language, and was thoroughly versed in current literature. He was an accomplished musician, performing well upon almost every variety of instrument. As a delineator and painter he especially excelled, and many of his off-hand productions challenged the admiration of masters. Indeed, painting and music were his specialties and delight, and had he been so fortunate as to have been turned into the current of either of these professions, he could not have failed to become a shining light. He was large hearted and liberal, and never turned the poor empty away.

He was a vigorous and athletic gymnast, rapid as a flash, and of unerring aim. In person he was dignified and imposing, and in mien and manner carried the attributes of a true gentleman. During his term of service in the army, the exposure to which he was subjected induced several severe attacks of pneumonia, which, together with a violent injury received at the first battle of Fredericksburg, undermined his health, and resulted in his death. He died where he had lived during all the years of his manhood, beloved by the people, at peace with his God and all mankind. His remains were interred in the cemetery attached to the Presbyterian

Church at Allentown, attended to their final and silent home by a multitude of sorrowing and loving friends.

A partial pen, inspired by the deepest affection, presents this tribute, with regret that it must be, of necessity, so brief. All who knew Dr. Wm. Dunham Newell will admit that the sketch is not overdrawn, and all will testify that when he died, a most noble and exalted spirit left the earth.

"Early hath the spoiler found thee,
Brother of our love!
Autumn's faded earth around thee,
And its storms above!
Evermore that turf lie lightly,
And with future showers
O'er thy slumbers, fresh and brightly,
Blow the summer flowers.

If the spirit ever gazes
From its journeyings back;
If the immortal ever traces
O'er its mortal track!
Wil't thou not, O brother, meet us
Sometimes on our way?
And, in hours of sorrow, greet us
As *thy* spirit may?"

Mr. President—Gentlemen:—My task is done, and your attention, so patiently given, is released. I cannot conceal from myself any more than you can conceal from yourselves, my short comings. As a chronicler, mine is "a prentice hand," and the materials of my history have been scanty; demanding in the management more skill and experience than I possess. As a labor of love, accept it and visit it with gentle criticism. I shall feel that I have done much, if I have succeeded in "stirring up your pure minds," especially the younger members, and inciting you to emulate the private

and professional virtues of our departed brethren, whose lives I have imperfectly traced and who have left us "an example that we should follow." Physicians are mortal. We, whose mission it is to heal the sick and arrest the hand of death, must ourselves sicken and die. Will it not be at once a solace and a stimulus, while pursuing our way—often amid discouragements which make the spirit droop and the body become feeble—to remember that when our labor is done and we drop out of earthly existence,

> We shall not be a leaf to die,
> Without recording sorrow's sigh ;

that something more than a passing notice in the obituary of a local newspaper or other ephemeral journal will mark our exit—that in the archives of a State Medical Society—not only our *names*, but if worthy, our *deeds*, will be preserved.

The writer feels under obligations to many members of the Society for assistance rendered in this work, by furnishing much valuable information to him, relative to deceased members of the Society. To the Rev. Mr. Wilson, he is also indebted for similar favors.

LIST OF MEMBERS,

OF THE

MONMOUTH DISTRICT MEDICAL SOCIETY,

WITH DATE OF ADMISSION TO THE SOCIETY.

Edward Taylor, of Upper Freehold, May, 1816.
William G. Reynolds, " "
Samuel Forman, " "
Jacobus Hubbard, Jr., " "
Edmund W. Allen, 1817.
David Forman, Sr., 1818.
Gilbert S. Woodhull, 1819.
John P. Lewis, April 24th, 1820.
Wm. Forman, " " "
Jas. H. Baldwin, April 30th, 1821.
David Forman, Jr., " " "
William Davis, April 29th, 1822.
James English, " " "
James P. Kearney, April, 1824.
John B. Throckmorton, " "
Robert W. Cooke, October, 1824.
David C. English, April 24, 1826.
John Morford, " " "
J. S. English, April 30th, 1827.
Edward Taylor, Middletown, April 30th, 1827.
Chas. G. Patterson, " " "
Dan'l Polhemus, Oct. 27th, 1828.
Chas. G. English, April 26, 1829.
Arthur V. Conover, " "
J. C. Thompson, " "
C. Blauvelt, April 25th, 1831.
H. Green, October 29th, 1832.
A. B. Dayton, April 26th, 1841.
Wm. A. Newell, April 25th, 1842.
A. Bergen, April 29th, 1844.
Grandin Lloyd, April 29th, 1844.
John T. Woodhull, " " "
John Gregg, April 28th, 1845.
Wm. L. Debow, " " "
John Vought, April 24th, 1848.
DeWitt Barclay, " " "
Robert Laird, April 30th, 1849.
Selah Gulick, April 29th, 1850.
W. H. Hubbard, April 26th, 1852.
A. T. Petit, " " "
R. R. Conover, April 25th, 1853.
J. E. Arrowsmith, April 24, 1854.
T. J. Thomason, April 30th, 1855.
J. B. Goodenough, " " "
William C. Lewis, " " "
E. W. Owen, " " "
J. C. Thompson, April 28th, 1856.
A. A. Howell, April 26th, 1858.
S. M. Disbrow, " " "
Wm. D. Newell, May 30th, 1859.
Henry G. Cooke, " " "
Claudius R. Prall, " " "
A. A. Higgins, May 28th, 1860.
John Cook, May 25th, 1863.
Charles E. Hall, May 28th, 1866.
W. W. Palmer, " " "
J. S. Long, May 26th, 1867.
C. F. Deshler, " " "
William S. Combs, May 18, 1868.
James S. Conover, " " "
John H. Furman, May 17th, 1869.
D. McLean Forman, " " "

HONORARY MEMBERS,

AND WHEN MADE.

Samuel Forman,	April 30th, 1832.	R. W. Cooke,	May 30th, 1860.
Dr. J. Hubbard,	" " "	J. S. English,	May 30th, 1865.
J. T. Woodhull,	April 30th, 1858.	Edward Taylor, of Middletown,	
A. V. Conover,	May 30th, 1859.		May 30th, 1870.

LIST OF LICENTIATES

RECOMMENDED TO PRESIDENT OF STATE SOCIETY BY BOARD OF CENSORS, WITH DATE OF EXAMINATION.

Wm. Forman,	April 24th, 1820.	Jos. C. Thompson,	April 28, 1828.
David Forman, Jr.,	" " "	Daniel Polhemus,	" " "
Jas. H. Baldwin,	" " "	A. E. Perrine,	April 26th, 1829.
J. S. English,	October 30th, 1820.	A. V. Conover,	" " "
Robt. S. Smith,	" " "	Charles Ellis,	" " "
David C. English,	April 30, 1821.	Benj. H. Stratton,	" " "
C. G. McChesney,	" " "	John C. Davis,	" " "
John C. Budd,	" " "	John Gregg,	April 28th, 1845.
J. Throckmorton,	April 29, 1822.	Wm. L. Debow,	" " "
James P. Kearney,	Oct. 29, 1823.	Aaron Reid,	" " "
John Morford,	April, 1824.	DeWitt Barclay,	April 26th, 1847.
Edward Taylor, (of Middletown,)	April 30th, 1827.	R. T. Stoutenborough,	April 26th, 1847.
Charles G. English,	Oct. 29, 1827.	John Vought,	April 24th, 1848.
Lewis Carlisle,	April 28th, 1828.	Robert Laird,	April 30th, 1849.
G. A. Hankinson,	" " "	A. T. Petit,	April 26th, 1852.

OFFICERS

OF THE

MONMOUTH DISTRICT MEDICAL SOCIETY,

AND WHEN ELECTED.

	PRESIDENTS.	VICE-PRESIDENTS.	SECRETARIES.	TREASURERS.
1816..	Wm. G. Reynolds.	Edward Taylor.	Samuel Forman.	J. Hubbard.
1819..	Edward Taylor, of Upper Freehold.	Edmund W. Allen.	Jacobus Hubbard.	Samuel Forman.
1820..	Edward Taylor.	Jacobus Hubbard.	Samuel Fordman.	Wm. G Reynolds.
1821..	Samuel Forman.	Gilbert S. Woodhull.	Edmund W. Allen.	" "
1822..	Gilbert S. Woodhull.	Edmund W. Allen.	J. H. Baldwin.	" "
1823..	Gilbert S. Woodhull.	Edmund W. Allen.	D. Forman, Jr.	" "
1824..	Edmund W. Allen.	D. Forman, Sr.	D. Forman, Jr.	Samuel Forman.
1825..	Edmund W. Allen.	James English.	R. W. Cooke.	G. S. Woodhull.
1826..	James English.	Jacobus Hubbard.	R. W. Cooke.	" "
1827..	Jacobus Hubbard.	James English.	E. W. Allen.	" "
1828..	Jacobus Hubbard.	R. W. Cooke.	J. S. English.	" "
1829..	William Forman.	C. G. Patterson.	" "	" "
1830..	William Forman.	John Throckmorton.	" "	" "
1831..	Edward Taylor, of Middletown.	Daniel Polhemus.	R. W. Cooke.	D. English.
1832..	Daniel Polhemus.	J. S. English.	" "	" "
1833..	J. S. English.	C. Blauvelt.	" "	" "
1834..	C. Blauvelt.	Edward Taylor.	" "	" "
1835..	H. Green.	A. V. Conover.	" "	" "
1836..	A. V. Conover.	C. C. Blauvelt.	Edward Taylor.	" "
1837..	C. C. Blauvelt.	Edward Taylor.	Daniel Polhemus.	A. V. Conover.
1838..	R. W. Cooke.	J. S. English.	" "	" "
1839..	J. S. English.	Edward Taylor.	" "	" "
1840..	Edward Taylor.	A. V. Conover.	" "	C. C. Blauvelt.
1841..	A. V. Conover.	A. B. Dayton.	" "	R. W. Cook.
1842..	A. B. Dayton.	William A. Newell.	" "	" "
1843..	Wm. A. Newell.	R. W. Cooke.	" "	Edward Taylor.
1844..	R. W. Cooke.	Alfred Bergen.	" "	" "
1845..	Alfred Bergen.	Grandin Lloyd.	" "	" "
1846..	Grandin Lloyd.	J. T. Woodhull.	" "	" "
1847..	J. T. Woodhull.	William L. Debow.	" "	" "
1848..	Wm. L. Debow.	D. W. Barclay.	" "	" "
1849..	D. W. Barclay.	John Vought.	" "	" "
1850..	John Vought.	Robert Laird.	" "	" "
1851..	Robert Laird.	D. W. Barclay.	" "	" "
1852..	J. P. Lewis.	R. R. Conover.	" "	" "
1853..	R. R. Conover.	A. T. Petit.	John Vought.	" "
1854..	A. T. Petit.	William H. Hubbard.	" "	" "
1855..	William H. Hubbard.	J. E. Arrowsmith.	" "	" "
1856..	J. E. Arrowsmith.	T. J. Thomason.	" "	" "
1857..	T. J. Thomason.	Jos. B. Goodenough.	" "	" "
1858..	Jos. B. Goodenough.	A. A. Howell.	" "	" "
1859..	A. A. Howell.	S. M. Disbrow.	" "	" "
1860..	Stephen M. Disbrow.	H. G. Cooke.	" "	" "
1861..	H. G. Cooke.	W. D. Newell.	" "	" "
1862..	William D. Newell.	Alfred B. Dayton.	" "	" "
1863..	Alfred B. Dayton.	John Cook.	" "	" "
1864..	John Cook.	W. D. Newell.	" "	" "
1865..	William D. Newell.	D. W. Barclay.	" "	" "
1866..	A. A. Higgins.	Charles E. Hall.	" "	" "
1867..	C. F. Deshler.	S. S. Long.	" "	" "
1868..	S. S. Long.	W. S. Combs.	" "	" "
1869..	W. S. Combs.	James S. Conover.	" "	" "
1870..	James S. Conover.	D. McLean Forman.	" "	T. J. Thomason.
1871..	D. McLean Forman.		" "	" "

HISTORY

OF THE

Medical Men, and of the District Medical Society,

OF THE

County of Cumberland, New Jersey.

[In 1867, as the District Medical Society of Cumberland county was approaching the celebration of its semi-centennial anniversary, Drs. Robert M. Bateman, Enoch Fithian and J. Barron Potter were appointed "to prepare a History of the Cumberland county District Medical Society, from its organization to the present time, and also such historical reminiscences as may be attainable, respecting medical men in the county, prior to the organization of the Society."]

It would be an easy matter to write the history of the medical men of Cumberland county, if the facts were at hand of which it is desired to make a record; but it becomes difficult when the information necessary for such a history is to be sought for in places difficult of access, when it eludes the most diligent search where it was confidently expected it might be found, and at the expense of much journeying and extensive correspondence.

It is difficult in the year 1870 to ascertain who were the practitioners of medicine and surgery in Cumberland county from its first settlement, about the year 1680, until Elijah Bowen commenced the practice of medicine, at or near Shiloh, about the year 1730. It would be interesting to know who preceded him; who were his contemporaries in medical practice, if he had any; who some of his immediate succes-

sors were; what was the extent of their literary and medical acquirements, their mental capacity, from whom they received their education, what books they read, what medicines they prescribed, or what were their surgical appliances. The narrator has not been able to elicit much from the obscurity of these by-gone years, and a great deal that he records is traditionary and conjectural.

At the first settlement of the county, the inhabitants were so few, and so widely separated from each other, that a practitioner of medicine could not by his profession alone, obtain a livelihood, and the treatment of diseases, as is usually the case in newly settled countries, fell into the hands of *canny* old women and ignorant pretenders. It is quite probable that the pioneers of Cumberland county had occasional recourse to the *medicine man* of the aborigines, who had some knowledge of the medical properties of many of the indigenous plants of the country, and used them with not infrequent success. Some of their external appliances, as styptics and cataplasms, and internal remedies, as emetics, sudorifics and cathartics, were doubtless used with occasional benefit. Powwowing was often resorted to, either as the principal means of cure, or as auxiliary to the internal wrenchings and external steaming to which the patient was subjected. As a cure for rheumatism, the Indians sometimes built a fire on the ground, and after it was sufficiently heated, removed the coals, covered the heated surface with boughs of hemlock or pine, threw over the boughs, skins or blankets on which they placed the patient, warmly covered and then completed the process by throwing water upon the hot earth, and this raised a steam which circulated around the body of the patient, and doubtless sometimes proved as efficacious in causing diaphoresis, and removing diseases, as the somewhat similar process of the *steam doctors* of the present day. This method was known

in Cumberland county, eighty or ninety years ago, as the "Nova Scotia cure for rheumatism," but was doubtless derived from the Indians. A process not unlike the foregoing is described by Smith, in his History of New Jersey, published in 1765, who says that the Indians "were very studious in observing the virtues of roots and herbs, by which they usually cured themselves of many bodily distempers, both by outward and inward applications. They, besides, frequently used sweating and the cold bath. The manner was to first inclose the patient in a narrow cabin, in the midst of which was a red hot stone; this frequently wet with water, occasioned a warm vapor; the patient sufficiently wet with this and his own sweat, was hurried to the next creek or river, and plunged into it; this was repeated as often as necessary, and sometimes great cures were performed. But this rude method at other times killed, notwithstanding the hardy nature of the patients; especially in the small pox and other European disorders." It is traditionary that in the old "French war" (the colonial war with the French in 1756) when the necessary appliances for wounds could not be procured, or only with the greatest difficulty, the Indians were observed by the regular army surgeons to prepare the bark of the slippery elm, by bruising and maceration in hot water, and make excellent poultices of it for gun-shot and other wounds. The surgeons found this preparation to be an excellent substitute for poultices of bread and milk. Many other Indian remedies have found their way into regular practice, and are described in the various works on therapeutics. Much of the virtue of Indian remedies was ascribed to incantation, pow-wowing and charms which—alas for poor human nature!—are still esteemed by some weak, credulous and superstitious people, as greatly efficacious in removing diseases.

In the early settlement of the country, the pr .tioners of

medicine were generally self-constituted, and had no other medical qualifications than such as are possessed by every temerarious quack of the present day. The accidental possession of a few medical recipes or a medical book, with a knowledge of some of the remedial means of the aborigines constituted their *stock in trade*, and were deemed qualifications amply sufficient for a self-confident empiric to dub himself doctor, and practice upon the ignorance and credulity of his neighbors. As the population of the country gradually increased, a better and more intelligent class of practitioners succeeded.

ELIJAH BOWEN, is the earliest practitioner of medicine in Cumberland county, of whom the writer has been able to obtain information. His grand-father, Richard Bowen, with others of his countrymen, came from Wales in the year 1640, and settled at a place in Massachusetts, which they named Swansey, after the town from whence they emigrated. Doctor Elijah Bowen was for a time resident in Rhode Island, from whence he removed to a place in the then county of Salem, but now in Cumberland county, near Shiloh, where he was married to Deborah Swinney, a daughter of Deborah Swinney, who—I copy from her tomb stone—"was the first white female child born in Cohansey." He was probably the first medical practitioner in Cumberland county whose profession was not subsidiary to some other calling as the main business of life. He probably commenced the practice of medicine, at or near Shiloh, about the year 1730, and is said by Colonel Johnson, in his history of Salem, to have been one of the founders of the Seventh-day Baptist church at Shiloh. Of his mental abilities, medical acquirements, general character, or the extent of his practice, no information has been obtained. It is traditional that his medicines were exclusively vegetable.

From the journal of a resident of Greenwich, under the date, Sunday, September 26th, 1773, the following is copied—"Last Thursday, (September 23) died very old, Dr. Elijah Bowen. He has been many years childish, and wholly incapable of any kind of business."

He was interred in the cemetery of the Seventh-day Baptist church at Shiloh.

There needs no great fertility of imagination to picture this pioneer of

the medical profession in the new country—mounted on his easy-paced horse—equipped for a day's ride among his patients. His capacious pockets and still more voluminous saddle-bags are filled to distension with a few seeds, roots and leaves of foreign growth; and a more ample supply of those indigenous to the soil around him, such as he deems necessary to meet the indications of disease presented for treatment. We see him pursuing his devious way along the uncertain paths, leading through the tall forests from one lonely clearing to another, where the log-cabin and the corn-field has dispossessed the panther, the bear and the deer of their nightly lair and trackless haunts. Occasionally he dismounts from his horse for the purpose of replenishing his herbarium with choice specimens of the plants he prizes, as they catch his eye. Not unfrequently a deer crosses his path; more rarely, in the gloaming, his horse's foot-steps startle the panther and the bear, and often the darkness or the storm compels him to seek refuge in the cabin and share the rough couch of the hardy pioneer. But he has disappeared from the scene. The arcana of his herbarium could not stay his passage to the house appointed for all living; and in his place, on the same field of practice, we behold the modern Esculapius driving over a smooth turnpike, in his handsome vehicle, with his case of russet leather, stored with articles of unintelligible names, that would have filled the old herbalist with wonder, and pity for the poor sufferers to whom such poisonous trash was administered.

ELIJAH BOWEN, JR., son of the above named Elijah Bowen and Deborah Swinney, was born in the year 1714. He settled as a physician near Roadstown, where tradition says he had an extensive practice. Like Sydenham, whose work on the practice of medicine probably he had read, his medicines were principally, if not wholly, derived from the vegetable kingdom. Sydenham excluded every thing outside of the vegetable kingdom from his list of remedies for disease, except "sweet mercury," now called proto-chloride of mercury or calomel. Whether Dr. Bowen admitted this article among his curative means is not known. It is said that the wild carrot—daucus carota—was introduced into this country by him, which is doubtful, but, if true, it will be thought by agriculturists, that whatever efficacy it may have had as a medicine is no compensation for the injury done by it to the farming interests of the country. More than fifty years ago the writer was informed by an aged man, who was personally acquainted with Dr. Bowen, that he had known him, on visiting a patient, to go into the fields, woods, or swamps, and search for such remedies, in the form of leaves,

seeds, roots, or bark of herbs or trees, as he supposed were calculated to meet the requirements of the case. He resided in the brick house, in Stoe Creek township, lately owned by Edgar Sheppard, where he died, nearly eight years previous to the death of his father. He was interred in an old grave yard in Hopewell, about a mile east from Sheppard's mill. A stone at the head of his grave bears the following inscription:

ELIJAH BOWEN,
Dec'd December 21, 1765,
Aged 51 years.

JAMES JOHNSON lived and practiced medicine, in the neighborhood of Roadstown, one hundred and ten years ago, and for how long previous to that time is not known to the writer, nor the place of his birth, his education, nor with whom he pursued his medical studies. The following account of him was furnished the writer by one of his descendants, James J. Reeves, Esq.:

"Doctor James Johnson came to this country from England, it is supposed, when young, and settled in Connecticut (doubtless in the township of Darbe, Connecticut colony.) He came thence to New Jersey, settled first in Bridgeton, and afterwards moved towards Roadstown. His practice was very extensive, embracing a circuit of more than fifty miles. The doctor married the daughter of an Indian chief, a woman said to be possessed of great beauty. It was supposed by some, that an inducement for his marriage to the chief's daughter was her supposed possession of many secrets in the healing art. * * * * * This daughter of the chief was only half Indian, her mother being a white. The doctor was married and had two children when he came from Connecticut to New Jersey."

He is supposed to have been one of the most respectable physicians of his time, in Cumberland county. A remedy for erysipelas, and some other affections, known as the "black salve," for many years after his death of great repute in the community on the west side of the Cohansey, was introduced into the county by him, and made and sold by his daughter after the death of her father, and until her own decease. He lived on and owned the farm now belonging to Stillman Sheppard, about one and a half miles north-east from Roadstown. His only daughter was married to John Reeves, a deacon of the Presbyterian church at Greenwich, who was the ancestor of many very respectable persons bearing the name of Reeves, in Bridgeton and other places. He probably practiced medicine in Cumberland county for twenty

years or more. A stone at the head of his grave, in the cemetery of the Presbyterian church at Greenwich, bears the following inscription:

Here lieth the body of
DR. JAMES JOHNSON,
Who departed this life May 26th, 1759,
Aged 53 years and 6 months.

SAMUEL WARD.—The name of Samuel Ward commences, in the order of time, a list of names of a more respectable and intelligent class of physicians in this region—the west side of Cohansey—than those who preceded him. He was born in the State of Connecticut in the year 1736. No information has been obtained concerning his parentage, or his general and medical education. From a political paper, written and published by him, and from the esteem and respect in which he was held by the most intelligent people in the community, it is inferred that his mind and education were of a better order than common. He commenced the practice of medicine in Greenwich about the year 1760, and soon made a favorable impression upon the community as to his natural and acquired talents and skill as a physician. The writer was informed, by one who knew him well, that of his personal history and qualifications as a practitioner of medicine but little was known of him by the people of Greenwich previous to his coming into the place, and that his prospect of success in obtaining practice was consequently not favorable, when, to completely extinguish his hope of success, as it might have been supposed, a young man, whose name is not recollected, with the best of recommendations to some of the most influential people of the place, appeared as a competitor upon a field of practice that could support not more than one physician. The newly arrived practitioner was called upon to reduce a dislocation, which he failed to accomplish, when Dr. Ward was called, who effected a reduction with but little apparent difficulty. This case occasioned the disappearance of the young stranger from the place, and firmly established Dr. Ward as a surgeon in the good opinion of the people. Soon after his settlement in Greenwich he was united by marriage to Phebe Holmes, daughter of Jonathan Holmes, Esq., and Anna his wife, and was thus connected with one of the most respectable and influential families of the county.

Dr. Ward took an active part in the political affairs of his day. The writer has read an article of considerable length, written and published by him more than one hundred years ago, on some of the subjects which agitated the political parties of that day, which, though well written, as to style, and exhibiting knowledge and acuteness, was satirical, caustic, and

personal, and doubtless greatly irritating to his political opponents. Dr. Ward was dignified in his demeanour, courteous, affable and kind. He was a tender husband and a good citizen. He left no children. His widow was married to Dr. Samuel Bloomfield, of Woodbridge, N. J., the father of Joseph Bloomfield, a former governor of New Jersey. On the marble that covers his grave, in the cemetery of the Presbyterian church at Greenwich, is the following inscription:

Memorial
of
SAMUEL WARD,
Who departed this life
February 27, 1774,
In the 38 year of his age.
This Inscription
Is a small tribute to the memory of
The once humane, generous and just,
The uniform friend,
The tender husband,
The assiduous and successful physician,
The lover of his country,
and the
Real Christian.
The last end of the good man is peace.

THOMAS EWING was a great-grandson of Finley Ewing, an Irish patriot, who, for his bravery at the battle of Boyne Water, on the first of July, 1690, was presented with a sword by King William,—and the son of Maskell and Mary Ewing. He was born at Greenwich, N. J., September 13th, 1748. Further information concerning Dr. Thomas Ewing is supplied by the Ewing family records.

In his boyhood he attended the classical school of Rev. Enoch Green, at Deerfield, where he studied Latin, and afterwards studied medicine under the direction of Dr. Samuel Ward of Greenwich. On the 30th of September, 1770, he was married to Sarah Fithian, only daughter of Samuel and Abigail Fithian, of Greenwich, and thus came into the possession of a large estate. Shortly after their marriage they moved to Cold Spring, Cape May, where he practiced medicine. After the death of Dr. Ward, early in the year 1774, they returned to Greenwich, where he continued in professional practice to near the close of his life. He was one of the spirited young men concerned in burning the tea at Greenwich, as related by the late Robert G. Johnson, in his Historical Account of Salem. When the war of the Revolution commenced he was unanimously appointed by the convention of his State, the Surgeon of a brigade to be raised in the lower counties. At the same time he was appointed by the Legislature, and commissioned, Major

of the Second Battalion of the Cumberland regiment, commanded by Col. David Potter, in which capacity he joined the army, whether as Surgeon or Major, is not known. He was present at the battle and disastrous retreat from Long Island, and narrowly escaped being captured. He was brought home, sick with the camp-fever. In the course of the war he made a voyage to St. Eustatia in the letter-of-marque brig Hibernia, Capt. Collins. Upon their return they sustained a severe action with an English sloop of war, and were successful in beating her off. When the engagement was over, the brig was so nearly in a sinking condition that the commander hailed the sloop, crying that they surrendered, and desired to be taken on board. The answer returned was that they might sink and go to perdition. The accounts of the day represent the affair, in consequence of the disparity of the force engaged, as one of the most gallant and successful performed by a private vessel of war, in the course of the Revolution. In the year 1779, Dr. Ewing again embarked on board of the privateer General Wayne, Capt. Collins, bound upon a cruise. After making several captures, the General Wayne was driven on shore, near the mouth of Great Egg Harbor, by a heavy ship of war.

In the year 1781 he was elected a member of the State Legislature. After his return from the Legislature his health declined rapidly, and on the 7th of October, 1782, consumption terminated his active, useful, and honorable, though comparatively brief life. His practice was extensive, and he rode altogether on horseback, endured great fatigue, was exposed to heat, cold, and rains, and thus, as with his medical preceptor, it was thought his death was hastened. He was five feet ten inches in height, slim built, with dark complexion, black eyes and hair. He had two children, Samuel Fithian, who died young, and William Belford, who will be the subject of further notice in these memoirs. He was interred in the cemetery of the Presbyterian church at Greenwich. The marble that covers his grave is thus inscribed:

THOMAS EWING, ESQ.,
Surgeon,
and
Practitioner in Physic,
After having served his country,
With fidelity and reputation,
In a variety of important offices,
Civil and Military,
Died, highly beloved,
And much lamented,
October 7th, 1782,
In the 35th year of his age.

LEVI BOND.—Dr. Bond came to Greenwich from Maryland, where, probably, he was born and studied medicine, though other accounts say that he was born in Virginia, and studied medicine under the direction of Dr. Elijah Bowen the younger. The time of his settling in Greenwich cannot now be ascertained, but he commenced the practice of medicine in that place before the formation of the New Jersey Medical Society. At one time his practice was extensive, but declined as he advanced in years. He removed from Greenwich to the State of Indiana, in or about the year 1838, where he lived till he was more than ninety years old.

Dr. Bond was courteous in his manners, kind, honest, and much respected. He was conscientious. Believing the receipt of interest for money loaned to be usury, in the sense in which it is condemned in the sacred scriptures, he would not receive it, though he cheerfully lent money without interest to those in whom he could confide. He very rarely attended religious services in any church, though so far an observer of the seventh day of the week as a Sabbath, that the shutters of his office were regularly closed, and no work permitted on his premises on that day. He was thrice married. His first wife was Rebecca Burr, his second wife Ann Paxton, and his third wife Eliza Brown. Two of his children by his first wife are yet living: a daughter, now in the eighty-second year of her age, and a son somewhat younger. In person, Dr. Bond was tall and spare. His style of dress, which, in early life, might have been fashionable, he never changed, hence his tall and slim figure, arrayed so differently from other men, made a decided impression upon those who saw him for the first time. The writer was favored by his daughter with the following obituary notice, originally published in one of the Bridgeton newspapers:

"Died, on the 3d inst., Dr. Levi Bond, aged 93 years. Having spent the greater part of his life in Greenwich, in the practice of his profession, in the year 1836 he removed to Roseburg, Union county, Indiana, where, "as a shock of corn fully ripe for the harvest," he was gathered into the garner of his God. His urbanity of manners and integrity of character gained for him universal respect, and by many, to whom, when diseased, he was a successful minister and sympathizing friend, he will be held in grateful and affectionate remembrance."

ELI AYRES.—Dr. Joseph Fithian, of Woodbury, has furnished most of the information concerning Dr. Ayres which has been obtained.

He was born either in Shiloh, or near that place. The names of his parents have not been ascertained, nor any particulars concerning his early education

and medical studies. He was liberally educated, and of studious habits. He qualified himself for his profession by the best helps accessible. A recommendation from the Board of Censors obtained for him a license to practice medicine in New Jersey. Whether he commenced professional business in his native place, as some suppose, has not been ascertained; but about the year 1810 he settled and practiced medicine at Clarksborough, a village about four miles from Woodbury, and soon after removed to the last named place, to fill the vacancy made by the retirement of Dr. Dayton Lummis from professional business. He there had a large practice, which he retained as long as he remained in Woodbury. In the year 1816, he invited Dr. Joseph Fithian, who was then practicing medicine at Swedesborough, to unite with him in professional business at Woodbury. The proposition was accepted, and proved an agreeable association for both.

In the year 1818, Dr. Ayres entered into an arrangement with the Maryland Colonization Society, as an agent to purchase land on the coast of Africa, on which to found a colony of "Freedmen." In the "Life of Archibald Alexander, D. D.," by his son, James W. Alexander, D. D., it is related that "Captain Robert F. Stockton, accompanied by Dr. Ayres, effected the purchase of Messarado from the natives, by a series of prudent and heroic acts, which almost savour of romance." Their adventures with King Peter, who claimed that part of the coast selected for the colony, were of a romantic character, and attended with much risk, but terminated successfully. The crew of the ship in which the Doctor returned from Africa, was so much reduced by sickness, that he, though feeble, slowly convalescing from fever, with only one sailor to assist him, was under the necessity of navigating the ship. After he returned from Africa he settled at Baltimore, and again entered upon the practice of his profession.

In person, Dr. Ayres was of the middle size, slender, lithe, active, and capable of much endurance. His intellect was superior, quick in its operations, which enabled him to meet and overcome difficulties, where others would falter or fail. His manners were genteel, his feelings tender and sympathetic. He was popular, especially in the sick room.

He was twice married, but left no children.

BENJAMIN PECK.—Benjamin Peck was of a respectable family in Deerfield, and was probably born in that place. Nothing has been ascertained respecting his early education. He studied medicine under the direction of Dr. Elijah Bowen, Jr. He resided in a small village in the township of Stoe Creek, called Irish Town, but which in later times is generally reckoned as

a part of Roadstown. His practice it is believed was never extensive. He was twice married, first to —— Powell, and surviving her, to Sabra Woodruff. He had children by both wives, none of whom are living. He died about the year 1805, and was interred in the cemetery of the Presbyterian Church at Greenwich.

JONATHAN MOORE.—Jonathan Moore was the eldest son of Colonel David Moore and Lydia Richman, of Deerfield, where he was born, probably in the year 1772. His father was an officer of artillery in the revolutionary army, took part in the battle of Brandywine, and was wounded in the battle of Germantown. It is not known who directed his medical studies. He practiced medicine for several years at Deerfield, and then removed to Bustleton, Pennsylvania, where he remained till his death, which probably occurred in the Autumn of 1812. He was interred at Bustleton.

THOMAS HARRISON McCALLA, son of John McCalla and Jane Harrison, was born in the city of Philadelphia, where he was educated. He pursued medical studies with so much zeal and success as ultimately to gain for himself an enviable standing as a physician. He practiced medicine in Greenwich, Cumberland County, N. J., some time between the years 1790 and 1800. He changed his residence to Charleston, South Carolina, where he soon became distinguished as a physician. He was for some years Poor Physician of that city. He was married to Miss —— Barksdale, of Charleston, by whom he had a daughter, who died a few days after her marriage, and left him childless. He did not long survive her. Like the most of his family, he was possessed of more than ordinary mental endowments. It is regretted that no further account of this distinguished physician has been obtained.

ARCHIBALD CAMPBELL McCALLA, son of John and Jane Harrison McCalla, was born in the city of Philadelphia, on the 7th day of February, 1763. Of his early mental training the writer has learned but little more than that he was well educated. He studied medicine, probably, with his elder brother, Dr. Thomas H. McCalla, and commenced the practice of his profession in Salem, N. J. He was united by marriage to Miss Margaret Patterson, on whom it would be difficult to bestow praise adequate to her merits. His parents, with other members of the family, were driven by the unusual virulence of the yellow fever, in 1793, from

Philadelphia, and found refuge in Roadstown, Cumberland County, N. J., where Mr. Mc Calla, the father, purchased a house and a few acres of land, which became his home for the remainder of his life. Dr. Mc Calla, probably for the sake of being near his parents, who were aged and infirm, moved from Salem to a small farm in Stoe Creek township, near Roadstown, where he practiced medicine, till, on the death of his last parent, he changed his residence to the house left vacant by her decease. After this removal, in consequence of severe and frequent attacks of gout, he was unable to do much professional business. In his early days, associated with, and assisted by his young friend, Robert Fulton, celebrated for having made the first practical application of steam to the propelling of vessels, he had taken lessons in drawing and painting; and later in life, by taking portraits of his friends and neighbors, and drawing from the natural scenery around him, he employed many of his hours of exemption from the pains of his disease. He had, besides, a fine taste for music, and delighted his friends with his performances upon the piano, flute and violin. He had read extensively, and his mind was well stored with information on a great variety of subjects. He continued to be an industrious reader as long as he lived.

A memorial stone, in the cemetery of the Presbyterian church, at Greenwich, bears the following inscription:

In
Memory of
Dr. Archibald Campbell McCalla,
Who was born February 11th,
1763,
And died June 16th,
1811.

LEWIS HOWELL, son of Ebenezer and Sarah Howell, was born in Delaware, Oct. 25th, 1754. He was a twin brother of the Hon. Richard H., Governor of New Jersey. It is said that the family name was originally *Hoell*, and that the "w" was interpolated at or about the time of the election of Richard H., as Governor of the State.

Lewis Howell was educated at Newark, Del., and removed with his parents to Cumberland Co., in 1769. He became a pupil in the office of Dr. Jonathan Elmer, at the same time that Ebenezer Elmer was studying medicine there. Having finished his course of study, he was commissioned in 1777 as surgeon of the 2nd regiment in the army of the Revolution.

His fellow-student -- Dr. Ebenezer Elmer—was commissioned at the same time in the same regiment as surgeon's mate.

Just before the battle of Monmouth, Dr. Howell was taken ill with fever, at a small tavern not far from Monmouth Court-house, and died there on the day of the battle. Dr. Ebenezer Elmer succeeded him as surgeon of the Regiment.

JOHN T. HAMPTON was born in the neighborhood of Swedesboro', in 1753. But little is known of his early history. He removed to Cedarville, while yet young, and commenced the practice of medicine, living in a large double house below the hotel. He married Mrs. Mercy Westcott, widow of Amos Westcott, who survived the doctor many years. He was a member of the "Old Stone Church," of Fairfield, and a ruling elder. Of his character as a physician nothing is known.

A large, flat tombstone, at the south end of the old church, marks his last resting place. The brick base is beginning to crumble, and the lettering upon the marble has been sadly defaced by the ruthless elements; but a patient study enables us to decipher the following inscription:

"Here lies the body of Doct. John Thomas Hampton, who departed this life, Sept. 29th, 1794, in the 42nd year of his age.

Why do we mourn departing friends,
Or shake at death's alarms?
'Tis but the voice that Jesus sends
To call them to his arms.

Are we not tending upward too,
As fast as time can move?
Nor should we wish our hours more slow,
To keep us from our love.

Why should we tremble to convey
Their bodies to the tomb?
There the dear flesh of Jesus lay,
And left a long perfume.

The graves of all the saints he blest,
And softened every bed;
Where should the dying members rest,
But with their dying Head?

JAMES RAMSEY was born in Fairfield township, Cumberland Co., and was the son of the Rev. William Ramsey, of Irish descent, who was licensed and ordained by the Abingdon Presbytery, in 1756, and settled in Fair-

field, where his ardent piety and eloquence succeeded in producing harmony in the Presbyterian church, then divided. It is not known with whom the son, Dr. James Ramsey, studied medicine. In 1783, he entered into partner ship with the late Dr. Ebenezer Elmer—soon after the return of the latter from the army; but the partnership was speedily dissolved, owing, it is supposed, to the bad habits of Dr. Ramsey. The latter then removed to Pennsylvania, and died while yet young.

JOHN FITHIAN, resided in Bridgeton, and is supposed to have practiced medicine here. In 1751, he built him a house on the south side of Broad street, next above the residence of Charles E. Elmer, Esq. But little is recorded of him. He is said to have had a singularly worded sign, which he was in the habit of hanging upon the front of his house in clear weather, something to this effect:

DR. JOHN FITHIAN,
Medical Doctor.

This was undoubtedly to attract attention, and invite patronage. From the little that we can learn of him, he did not command very largely the confidence of the community. His practice was limited.

CHARLES HOOD, was born in 1783, and died while yet young. He is believed to have practiced medicine for a short time in the village of Swedesborough. The diploma granted him by the State is still preserved by his descendants, and may be of historical interest. It reads as follows:

STATE OF NEW JERSEY:

This will certify that we, Doctors Ebenezer Elmer and Benjamin Champneys, in pursuance of an Act of the Legislature, passed at Trenton, the twenty-sixth day of November, in the year of our Lord seventeen hundred and eighty-three, and a supplement thereto, passed the second day of November, in the year of our Lord one thousand seven hundred and eighty-six, have this day examined Mr. Charles Hood, and he having given us satisfactory proof of his skill as a physician and surgeon, we do hereby recommend him as a proper person to receive a license, to practice in the said faculties throughout the State of New Jersey.

In testimony whereof, we have hereunto subscribed our names, and affixed our seals, at Bridgeton, West New Jersey, the thirteenth day of March, in the year of our Lord eighteen hundred and five.

EBENEZER ELMER,
BENJAMIN CHAMPNEYS.

This also was subscribed in the usual form by two Justices, at Trenton, to wit:

ANDREW KIRKPATRICK,
WM. ROSSELL.

Poor Hood, although thus armed with a diploma from two of the most distinguished medical men of the State, died at the early age of 23. On an upright stone in the old graveyard, at Bridgeton, is the following inscription:

In
Memory of
Doctor Charles Hood,
Who departed this life
July 28th, 1806,
In the 23rd year of his age.

SAMUEL HARRIS, was born in Hopewell township, in 1782. Nothing is known of his early life, and but little is known of his later history. He is believed to have been a regularly licensed practitioner of medicine, although it does not appear that his practice ever became extensive. Like many others of the old-time physicians, Dr. Harris was a "preacher of righteousness." He was ordained to the work of the ministry in connection with the Baptist denomination. As he died at the early age of 29, it is not probable that his reputation as either a minister or physician had become established.

He was buried in the graveyard of the Roadstown Baptist church, and the following inscription is taken from his tombstone:

In
Memory of
Samuel Harris, V. D. M. & M. D.,
Who departed this life
August 10th, 1811,
Aged 29 years.

Seize, mortals, seize the transient hour,
Improve each moment as it flies;
Life's a short summer, man's a flower,
He dies, alas, how soon he dies.

WILLIAM CLARKSON practiced medicine in New York almost a century ago. He was a very skillful physician, and had acquired an extensive and lucrative practice. He was married to a Miss Floyd (the name is believed to be correct), of Long Island. Soon after this marriage, both husband and wife became impressed with the importance of religion, and both became converted to the faith of the gospel. The doctor was led by convictions of duty to abandon his large and remunerative practice, and devote himself to the work of the ministry. After a course of theolog-

ical study, he was ordained and installed as the pastor of the Presbyterian churches of Greenwich and Bridgeton. This was several years before the completion of the old Presbyterian church in the latter place, during which time the congregation worshipped in the Court-house. The building was finished in 1793 or '94, and Dr. Clarkson was the first who preached from its pulpit. The congregations of either church, and of both churches, were very small, and the combined salary exceedingly meagre. And indeed the doctor became so straightened in circumstances that he was obliged to resort to the practice of medicine, in Bridgeton, in order to eke out a livelihood; but encountering professional opposition from an unexpected quarter, he resigned his pastoral care of the churches, and went to Savannah, Geo., and from thence to John's Island, S. C. There he accepted the pastorate of a small Presbyterian church, and continued to preach the Word to that people, although against the advice and persuasions of his friends, up to the time of his death, which occurred about the year 1812.

He was the father of four children, all of whom married well, and were greatly blessed of God. One of the daughters married the late John Crosby, Esq., of New York, the father of the Rev. Dr. Howard Crosby.

Dr. Clarkson entered the ministry from the purest of motives, leaving a profession where he was making a handsome competence, and from which he would very soon have amassed an independent fortune. He left it all for Christ, and counted all things but loss for the excellency of the knowledge of Jesus Christ his Lord. He died very poor in this world's goods, but an heir to a kingdom which hath foundations, and which can never be moved.

It is related that there was no minister of the gospel present at the interment, and that his widow, with weeping eyes, read the funeral service at his grave, repeating slowly and solemnly these words: "I commit his body to the grave, in the hope of a glorious resurrection through our Lord Jesus Christ."

EDO OGDEN was employed in the office of Dr. Azel Pierson, when the latter gentleman was clerk of the county. Dr. Pierson was a shrewd politician; and Ogden, while writing in his office, became a convert to his political faith. This circumstance will account for his appointment to the clerkship of the county in 1813.

While living with Dr. Pierson he began the study of medicine, and, in due course of time, was licensed as a regular practitioner. He married a daughter of Thomas Brown, of Greenwich, and settled in or near Bridgeton. He did not live but two or three years after his marriage, falling a

victim, as is supposed, to a malignant type of fever prevailing throughout the county. This disease is spoken of by some of the old citizens as "yellow fever," by some as "typhus," and by others as a malignant form of "bilious." Whatever its character, it was undoubtedly very fatal in its progress. Several physicians contracted the disease while visiting their patients, and died with it. Dr. Ogden had acquired considerable practice, although he died young, in 1813, the same year in which he was appointed to the clerkship of the county.

AZEL PIERSON was born July 12th, 1767. But little is known of his early life. His educational advantages must, however, have been of a superior order, since he manifested in later years not only a love for, but an intimate acquaintance with the higher branches of mathematics. After having been licensed as a practitioner of medicine, he married and settled in Cedarville. The house where he lived is still standing, although somewhat modified and improved since his day. He always visited his patients on horseback, was considered a good rider, and very fond of the deer and fox hunts which were fashionable at that time, and a source of great amusement. Although somewhat uncouth in his manners and rough in his speech, he nevertheless enjoyed very largely the respect and confidence of his fellow-citizens. As a physician he was abrupt and determined. An anecdote illustrating the latter characteristic is related by an aged gentleman who well remembers the doctor as his father's family physician. An over-anxious mother sent an urgent request for the doctor to visit her sick child. Arriving at the house with all possible speed, he very carefully examined into the symptoms of the little sufferer, and not finding the child as sick as he anticipated, he turned to the mother and ordered her to administer cold water.

"But she is sick, doctor."

"Give her cold water."

"She will die, you must give her a little medicine at least."

"Give her cold water."

"Do not leave," begged the mother, as the doctor strided toward the door, "please do something for my child."

"Give her cold water."

The anxious mother followed him to the door, and out to the gate, begging for medicine, but the hard-hearted doctor mounted his steed, and riding away, John Gilpin-like, shrieked back, "Give her cold water." The child recovered, hydropathy was triumphant, and the poor woman was taught

just that lesson which many ladies ought to learn in these latter days, viz: *not to send for a physician until one is needed.*

The following letter, written by the late Dr. Ebenezer Elmer to Dr. Azel Pierson, in 1789, will be read with interest:

SIR:—If you are inoculating and want variolus matter, you may be supplied here with that which is good.

I would advise you to be very attentive to your patients. Inculcate the necessity of a strict regimen, and let it commence a day or two before the insertion is communicated. Take care to keep the bowels open by gentle laxatives during the whole period. Jalap and cream tartar answer very well, and for the sake of a more free determination to the surface the prudent use of tartar emetic is advisable. During the eruptive fever see to it that they are constantly exposed to a free cool air. Let them not go near the fire. Much depends upon this circumstance. At this time a free use of nitrous, acetous and diaphoretic medicines, administered cold, are useful. You must be, however, acquainted with the principles which tend to render the pox of the benign kind, but it requires great assiduity to put it in execution. Be sure to make use of genuine good matter, and introduce it effectually and neatly. In this, as well as every other branch of practice, do not deem the most minute circumstances too trifling to be attended to in your first set out. A young man who wants the advantage of experience must gain the confidence of his patients principally by minute attentions. In doubtful cases, revolve them well in your mind, attend to every symptom, and be cautious in prognosticating while any ambiguity remains.

Mrs. Marshall is indebted to me a guinea, and Capt. Simmons a dollar. I enclose an order, and if you can obtain the money, and have use for it, you may lay it out, and account to me hereafter.

I am your humble servant,

BRIDGE TOWN, March 24th, 1789. EBENEZER ELMER.

Dr. Azel Pierson, like many of the old-time physicians, became interested, at comparatively an early age, in political matters. In 1804 he was appointed Clerk of the County, in joint meeting, transferred his residence to Bridgeton and discharged the duties of the office for a term of eight years. He seems still to have practiced medicine in connection with the Clerkship, for it is related that in the early part of the year 1813, while visiting a patient with typhus fever, he contracted the disease and died. The patient, who was a Christian man, recovered, and the doctor, who made no profession of Christianity, died. Father Osborn was heard to remark, what a happy circumstance it would have been if the patient and his doctor could have exchanged places. But our ways are not the ways of God.

At the public sale of his personal property, there was sold, in manuscript form, an arithmetic, the compilation and work of the doctor. This arith-

metic was bought by one John Rose, and by him published under the title of "Rose's Arithmetic." The work was received with favor, and quite extensively used in the common schools. Dr. Azel Pierson was the real author of the book.

The doctor died at the early age of 46. He lies interred in the grave yard of the "Old Stone Church." A plain, unpretending marble slab alone marks his resting place, blackened by the touches of time, and leaning, like an aged sentinel, the sport of wind and storm. The grave was the abode of the great Physician of men, and to its portals we all come, one by one.

JOSEPH BREWSTER, son of Francis Brewster and Mary Crawford, was born October 20th, 1765. He and the late Dr. Gilbert Brewster were brothers. In 1787 he was married to Lucinda Carll. After his marriage he lived for a time in the parsonage of the Presbyterian congregation of Pittsgrove. He undoubtedly practiced medicine among the people of that vicinity, although but little is recorded of him as a physician. A few years thereafter he removed to Lower Alloways Creek, and while practicing there became connected, either upon profession or by certificate, with the Presbyterian church of Greenwich. In 1795 he removed to Deerfield, and was received by certificate into the communion of the Presbyterian church of that village, the Rev. John Davenport, minister. In 1797 he was chosen a ruling elder in the latter church, and set apart to the office, October 15th, 1797.

The church records of Deerfield contain the following items, viz: October 19th, 1799, at the request of Dr. Joseph Brewster, a meeting of session was held at the house of Capt. Elijah Davis, to hear a complaint against the said Dr. Brewster by one John Ambler. The complaint was made in behalf of Jonathan Garrison and his son Lewis, who was a student of medicine in the office of Dr. B. He was charged with breaking and denying a part of his contract, and with criminal deficiency in the discharge of his duties to the said Lewis Garrison; refusing to teach and instruct him for three years instead of two, for the same compensation. During the course of the trial, Dr. Francis Gilbert Brewster appeared as a witness. The verdict was unanimously in favor of the doctor.

November 29th, 1804, his name appears for the last time in the records of the session. His death is recorded, February 19th, 1814.

HORATIUS BREWSTER was the son of Dr. Joseph and Lucinda Brewster. The records of the Presbyterian church of Greenwich contain the following item, viz: "Baptized May 18th, 1788, Horatius, son of Dr. Joseph

Brewster." The latter had several children, one of whom was the father of the distinguished Benjamin Brewster, Esq., of Philadelphia.

Horatius, after enjoying the educational advantages of his day, began the study of medicine in the office of his father. After finishing his course with credit to himself, he returned to Deerfield, the residence of his father, and became associated with him in the practice of medicine. At the breaking out of that peculiar type of "fever" already referred to in the history of Dr. Edo Ogden, the two Drs. Brewster were called upon to attend many cases of that almost malignant disease. And it is related that both father and son, while in the discharge of their professional duties, contracted this disease and died. No less than six of the physicians of Cumberland county were carried to the grave by this nondescript "fever." Where shall we look, in all the annals of history, for a set of men so self-sacrificing as those who have devoted themselves to the healing art—men who have not counted their lives dear unto themselves. There is no profession which furnishes such striking instances of disinterested philanthrophy. Let the names of Drs. Joseph and Horatius Brewster be added to the long list of martyrs.

BENJAMIN CHAMPNEYS was born near Salem, in the year 1774. The house he was born in was built by his ancestor, Edward Champneys, and has inscribed upon it his initials and the date of its erection.

Lord Berkeley offered his share of the province of New Jersey, which he held under royal grant, for sale, and soon received the offer of a price that was satisfactory, from two English Quakers, John Fenwicke and Edward Byllinge, and on the 18th of March, 1673, in consideration of the sum of one thousand pounds, he conveyed his interest in the province to the first, in trust, for the other. A dispute arising between these parties respecting their proportions of interest, to avoid the scandal of a law suit, it was submitted to William Penn, who held a conspicuous place in the Society of Friends. With some difficulty he succeeded in making an award satisfactory to both parties. Fenwicke in 1675 sailed from London for the new purchase, in the ship "Griffith," with his family and several Quaker associates. Edward Champneys, who was married to Fenwicke's daughter, Priscilla, and now his favorite son-in-law and his secretary, accompanied him. The "Griffith" was the first English vessel that came to New Jersey with emigrants. After a prosperous voyage, she landed her freight at a rich and pleasant spot on the branch of the Delaware, to which Fenwicke, on account probably of its peaceable aspect, gave the name of Salem. Fenwicke, in his will, appointed William Penn the guardian of his favorite grandson, Edward Champneys.

When Dr. Champneys was an infant, his father died, and his mother resided on the farm which belonged to her husband, until her death, which was not long after his. Dr. Champneys inherited the property of his ancestors in Salem county, and was educated in Philadelphia, where he spent most of his life till his marriage. Among his papers is one dated June 17th, 1795, stating that "Benjamin Champneys having been duly examined in Physic and Surgery, by Drs. James Anderson, Abraham Canfield and Abel Johnson, as appears by their certificate annexed, they having approved of his skill, We the Hon. James Kinsey, chief justice of the supreme court of New Jersey, and Isaac Smith, second justice of said court, do therefore hereby admit him as a Physician and Surgeon, to practice in the said faculties throughout the State of New Jersey."

He purchased about this time the property, a square from Commerce street, Bridgeton, embracing the whole peninsula following the line of the creek, to the road leading to the old saw-mill, with the exception of one lot. About this time also, he married Sarah, the daughter of Col. Potter. He received an appointment as surgeon in the Navy, January 6th, 1800. He served on board the frigate "Philadelphia," 44 guns, Stephen Decatur, commanding. The "Philadelphia" was the largest ship then in the service. He was in the Navy about a year and a half, and then resumed his practice in Bridgeton. So prevalent was the custom of duelling at that time that an officer on board the Philadelphia, who had declined from conscientious motives to fight a duel, was shunned by nearly all but Dr. Champneys. The doctor formed a warm friendship for Decatur and other officers, who frequently visited him afterwards at his home.

He graduated in both departments of the University of Pennsylvania. The degree of M. D. he received in 1805. He served in the Assembly of New Jersey in 1806. He practiced vaccination in Bridgeton in 1807. He received a certificate of honorary membership in the medical society of Philadelphia, signed by Dr. Rush, February 20th, 1808, and also a certificate from the Grand Lodge of Pennsylvania, as Master Mason, A. L., 5795. He was an honorary member of the American Whig Society of Princeton college.

His notes on Dr. Rush's lectures and Dr. Kuhn's, are still preserved. In his opening lecture, Dr. Rush says:—"That we live in a revolutionary age, and that the time is fast approaching when the healing art will arrive at a state of perfection. The empire of diseases in mankind shall be no more, and, excluding casualties, death shall only be known from old age." He also says: "That the healing art will be discovered to be so simple and

obvious that the principles of medicine will be contained in a single page of a common memorandum book, and that a knowledge of the pulse will be as easily learned as the four conjugations; that by this means there will be no impostors in medicine, for every man will become in a great degree his own physician; then will wealth cease to be the reward of these empirics who now-a-days gain such vast quantities of riches, and are in reality a disgrace to their profession.

Dr. Champney's practice was large, both in Salem and Cumberland counties. He died in 1814, after a short illness of typhus fever, which he had contracted while visiting some patients. He had overworked himself, as he was very devoted to his professional duties, and visited the poor a great deal. He was only 40 years old at the time of his death, and was very much beloved.

Among his papers are letters full of gratitude and affection from several of his pupils who had entered upon their professional duties.

The late Dr. Isaac H. Hampton was one of his students, and wrote to him in the most affectionate terms, June 23d, 1808, telling him that he had taken his degree. At the conclusion he says: "Having now finished my medical education under your instruction and direction, permit me to tender my sincere thanks for the many instructive lessons I have received from you, both verbal and exemplary. Toward you, dear sir, I shall ever feel the most sincere respect, arising both from duty and estimation of your medical talents and scientific acquirements."

He was buried in the old Presbyterian grave-yard, and the following is the epitaph upon his tomb, written by a friend:

Sacred
To the memory of
BENJAMIN CHAMPNEYS, M. D.,
Who died on the
16th day of July, 1814,
Ætat 40.

Long as the good congenial worth revere,
Or worth departed prompts the gushing tear:
While husband, father, brother, friends are loved,
Science is honored, virtue is approved,
So long to memory just, and urged by woe,
For thee the heart shall grieve, the tear shall flow.

MOSES BATEMAN was the son of Moses Bateman, Esq., a prominent citizen of Fairfield township, and a brother of the present Dr. Eli E. Bateman, of Cedarville. He attended one course of lectures in the medical department of the University of Pennsylvania, and was licensed as a physician

by the State of New Jersey. At the breaking out of the war in 1812, he entered the army as an assistant surgeon, and remained in the service until his death, which occurred upon the very day that General Jackson reached Pensacola, and carried at the point of the bayonet a battery which had been placed in the streets to oppose him. The body of Dr. Bateman was sent to his parents, and interred in the grave-yard of the "old stone church." His last resting-place is marked by a flat stone, so blackened by the touches of time, that it was with difficulty that we deciphered the following inscription:

Sacred
To the memory of
Dr. Moses Bateman,
Who departed this life at
Billingsport, in the service of the
United States,
On the 7th of November 1814, in the 30th year of his age.
"He weakened my strength in the way, he shortened my days." Ps. 102:23.

Meek, kind, and gentle was his mind,
Inclin'd to love, and serve mankind,
Yet Death, with unrelenting aim,
Shoots his sure dart, makes good his claim.

Thus those who live, and stay behind,
Must to the grave be soon consign'd,
Yield their short life, in silence lay
Until the great rewarding day.

SAMUEL M. SHUTE is still remembered by the oldest citizens of Cumberland County, although more than half a century has passed away since he finished his work, and entered into his rest. He possessed in a remarkable degree those social qualities which endeared him to the hearts of the people, and preserved his memory fragrant through the lapse of years. How often has the writer noticed that the name of Dr. Shute has lightened with smiles the faces of those whose heads are white with the frost of years. The old love to talk of Samuel M. Shute—they love to speak of his manners as a gentleman, his worth as a citizen, his tenderness as a physician, and his steadfastness as a friend. Perhaps no physician has ever lived in this county who was so much beloved while living, and so much lamented when dead. There have been few more learned and eloquent men among the good old worthies whose names appear upon our obituary list,—men more distinguished in State and national council, and far better known by the medical, literary and political world, but none who commanded more largely the respect and confidence and love of the people at home.

Samuel Moore Shute was born in 1762, and was but a lad of fourteen

years at the breaking out of the Revolutionary war, and yet it is recorded of him that he was an *officer* in the army, under Washington, both before and after the close of the Revolution. The position which he held was probably that of an officer of the line. Judge Elmer, in his "Reminiscences of the Bench and Bar of New Jersey," relates an anecdote of young Shute, while a subaltern officer in the army. General Washington employed certain men as spies, to obtain intelligence of the proceedings of the British Commanders at New York, and elsewhere, to effect which they were obliged to resort to many contrivances. "Many years ago," says the Judge, "I often heard my father, and others who had served in the Revolutionary army, jokingly remind Dr. Shute, a highly respectable physician of Bridgeton, of a scrape into which he got, arising from these contrivances in regard to the spies relied upon in that delicate and dangerous service. A pedler, who was engaged in bringing clothes, &c., from out of the British lines, and selling them, contrary to law, and who was required to be arrested by our officers, wherever found, having been captured and confined in the guard-house, he was put in charge of Shute, then quite young, a subaltern officer, who had been but a short time in the service. Late in the evening, a woman, of large dimensions, came with an order from General Dayton, to be permitted to see her husband, the pedler, and she was, of course, admitted. After a short time, Shute was alarmed by her cries of distress, and informed that she must have assistance. Before he had made up his mind what to do, however, to his great relief, he was informed she was better, and ready to depart, which he was glad to permit her to do. In the morning it appeared the pedler spy had escaped, and his pretended wife remained. Lieut. Shute was put under arrest, and terribly frightened; but after a few days, in consideration of his youth and inexperience, was let off with a private reprimand. In process of time it became well known that General Dayton, who was much trusted by Washington, had purposely caused a young officer to be detailed to command the guard, and had procured the woman to personate the wife of his spy, that he might thus enable him to escape, without his secret employment becoming known."

After leaving the army, young Shute entered the office of Dr. Jonathan Elmer, as a pupil, and successfully prosecuted the study of medicine. He subsequently married a daughter of his preceptor, settled in Bridgeton, and became one of the leading physicians of the town. He is described as tall and spare, of pleasing countenance and captivating address.

"Do you remember Dr. Samuel M. Shute," we inquired of an old lady, almost four score years of age.

"I should think I did," replied the aged mother. "*I loved that man, he was so tender-hearted.*"

"He was not fit to be a doctor," she continued—was too tender-hearted —would not even go in some cases, because he sympathized so much with the suffering."

Dr. Shute seems to have confined himself very closely to the practice of his chosen profession, and unlike many of his contemporaries, appears to have been but little interested in political matters. In 1813, however, the Governor of the State appointed him Surrogate of the county of Cumberland, which office he held for two years. It is not known to the writer that he ever sought for or received any other political appointment. His course in this particular is commended to the members of the profession now living. Medicine and politics have always been "incompatibles."

A letter recently received from Dr. George B. Wood, Emeritus Professor of the Theory and Practice of Medicine in the University of Penna., will be read with interest. Says that distinguished Professor: "I am little acquainted with the incidents of the life of Dr. Shute, and with none that are not known to every one of my age in Bridgeton. It was during my childhood, before my twelfth year, that I saw him most, as he was physician to my father's family, and the families occasionally interchanged social visits between Greenwich and Bridgeton. After my twelfth year, I was little in Greenwich, and consequently seldom saw the doctor. My childish recollections of him are altogether favorable. I have seldom met a man of finer personal appearance, and more gentlemanly and amiable deportment. His attentions to me as a child were most kindly and pleasant; and I have often said that I could trace my first thoughts of choosing the medical profession, not to his representations, but to my great esteem and affection for Dr. Shute, and my consequent wish to be like him."

Many years have passed away since the grave enclosed the lovely form of Dr. Shute, and we, men of another generation, but heirs to a common destiny, stand in silence and in sorrow by that grave, while we trace upon the marble these words:—

In memory of
DR. SAMUEL MOORE SHUTE,
An officer in the service of the United States during the American
Revolution, and member of the Cincinnati Society,
Who departed this life
August 30th, 1816, in the 54th year of his age.

If e'er affection claimed a generous tear,
Or friendship earned one, pause and shed it here;
For just below, in peace, here lies reclined,
A tender husband and a faithful friend,
Whose liberal soul, on proper motives bent,
Left in his works the fairest monument.

JONATHAN ELMER, the son of Daniel Elmer, 2d, was born at Cedarville, November 29th, 1845, and died at Bridgeton, September 3d, 1817.

Being of a weakly constitution, it was determined to give him a good education, and he was accordingly placed under the instruction of his grandfather, the Rev. Daniel Elmer, and after the death of the same, which occurred in 1754, he became a pupil of the Rev. William Ramsey. Under the tuition of the latter he made great proficiency not only in the English branches, but acquired such a knowledge of the Latin language as enabled him to read and write it with considerable facility. At the age of twenty-one, he chose the medical profession, and in 1766, studied in Philadelphia, under the direction of Dr. Morgan. The University of Pennsylvania, the oldest medical school in this country, had just been organized, and young Elmer attended its first course of lectures. While a student at the University, he took exception to Dr. Shippen's theory that the choroid coat of the eye is the immediate organ of vision, and in January, 1767, he addressed a letter to the Professor, setting forth in a clear and forcible manner, his objections to the same. In the same year he read an essay on the motion of the heart, before the Junior Medical Society at Penn's Hospital, and June 21st, 1768, was one of the ten that constituted the first graduating class of that now celebrated medical school. The year following his graduation as a Bachelor of Medicine, he addressed a letter to Dr. Morgan, his former preceptor, on "the different constitutions of the air, and the diseases contemporary therewith." This paper was read before the American Philosophical Society. In 1771, he received the degree of Doctor. His thesis, the subject of which was, "*De sitis in Febribus, Causis et Remediis*," was dedicated to Dr. Franklin, and his son, the Governor of New Jersey, and was subsequently printed in full, a copy of the same being still preserved by the family descendants.

After taking his first degree, he commenced the practice of his profession in the neighborhood of Roadstown, but soon removed to Bridgeton, where he was married, in 1769, to Mary Seeley, third daughter of Colonel Ephraim Seeley. They were the parents of eight children, four of whom died in infancy.

Although engaged actively in the duties of his profession at Bridgeton,

and occasionally called as consulting physician many miles from his home into adjacent counties, and as far as the sea shore,—his preference seems to have been for political and judicial business. In 1772, he was appointed by Governor Franklin, Sheriff of Cumberland county, the commission being in accordance with the usage under the royal government, "during his majesty's pleasure." But being bitterly opposed to the encroachments of the British government on the rights of the American people, and withal honest in the expression of his sentiments of hostility, he was, after the lapse of a few years, displaced by the Governor, and a gentleman appointed to the office who was supposed to be better affected to the King. On the 23d of May, 1775, he was chosen a delegate to the "Provincial Congress" which convened in the city of Trenton. This Congress continued in session eleven days, and decided measures were taken by it to resist the demands of Great Britain. In October, 1775, after the battles of Lexington and Concord, he was chosen Captain of a light infantry company, and subsequently he was made a Major, although it does not appear that he was ever engaged in active service. In 1776 he was appointed by the Legislature, in joint meeting, Clerk of Cumberland county, and continued to hold this office until 1789. He was also Surrogate from 1784 until 1802.

In 1776 he was chosen a member of the General Congress, and re-elected in 1777. The Congress of the Colonies, during these years, when the feeble arm of the country was lifted against the mightiest war-power of the world, was justly the admiration of mankind. No body of men, in ancient or modern times, have displayed more devotion to the true principles of liberty, and more resolution in the midst of the greatest dangers. Dr. Elmer was ever true to the trust reposed in him, proving himself by word and action not only a supporter of the country during the darkest hours of its struggle, but as a member of the medical committee of Congress, he gave evidence of his interest in every sick and wounded soldier by his toilsome journeys upon horseback to the various hospitals within his reach.

In 1780 and 1784 he was elected a member of the Legislative Council of New Jersey, and in 1788 a member of Congress, under the Articles of Confederation. He was a strong advocate of the adoption of the new Constitution, and under it was chosen to a seat in the Senate of the United States, and filled this responsible position for the term of two years. He there contributed, by his great talents, in unison with Adams, Paterson, Ellsworth, Ames, Cadwallader and other patriots, to the successful organization of our government under the administration of President Washington.

An extract from the journal of William Maclay (who was also a member

of the Senate), bearing date Sept. 3d, 1789, will be found of special interest, as showing his estimate of the character and standing of Dr. Elmer in that honorable body: "I know not, in the Senate, a man, if I were to choose a friend, on whom I would cast the eye of confidence as soon as on this little doctor. He does not always vote right—and so I think of every man who differs from me,—but I never yet saw him give a vote but I thought I could observe his disinterestedness in his countenance. If such an one errs, it is the sin of ignorance, and I think heaven has pardons, ready sealed, for every one of them."

Although educated as a physician, Dr. Elmer appears to have been more disposed to the law; and by the close of the war had made himself master of the science. For several years he presided with the greatest ability in the Court of Common Pleas of the county of Cumberland. His opinions as a Judge, many of which remain in manuscript, as well as his briefs prepared for counsel, many of which are still extant, show that as a lawyer he was quite equal to the best among the profession. At the February term of Court in 1814, on account of increasing age and failure of health, he offered his resignation as presiding judge, and took a final farewell of his associates in the following beautiful language: "It is now forty-two years since I first became an officer of this court, and it has been the will of Providence that I should live to see every person who was then a member of it, both on the bench and at the bar, consigned to the house appointed for all living. Increasing infirmities admonish me that I must shortly follow them. Relinquishing all worldly views, my anxious desire is so to employ the few remaining days of my earthly pilgrimage as, to adopt the expressive language of St. Paul, to maintain a conscience void of offence, both towards God and towards all men. To recompense none evil for evil, but so far as human frailty will admit, to overcome evil with good; to do good to all as opportunity shall offer, and as much as in me lies to live peaceably with all men."

Although Dr. Elmer early abandoned the practice of his chosen profession, and was actively engaged in public life during the years of our Revolutionary struggle, he still retained an interest in medicine, and took delight in the fellowship of his professional brethren. In 1787, the year preceding his election to a seat in the Senate of the United States, he was chosen the President of the Medical Society of New Jersey, succeeding Dr. Wm. Burnett in that office.

A short notice of him, published in the Trenton *Federalist* at the time of his decease, written by L. H. Stockton, Esq., states that, "in medical erudi-

tion, the writer well remembers to have heard his illustrious contemporary, the late Dr. Rush, frequently say, that he was exceeded by no physician in the United States."

But with all his profound learning, Dr. Elmer was not ashamed to sit as a disciple at the feet of the great Teacher of mankind. The Cross of Jesus was his glory and his hope. He was very early in life deeply sensible of the claims of religion, and was from his marriage a seat-holder in the old Cohansey Church, at Fairfield, until he transferred his support, in 1792, to the new Presbyterian Church at Bridgeton. In December, 1798, he united with that church on profession of his faith in Christ, and in the succeeding January was chosen a ruling elder.

He descended to the grave, full of honors, in the 72d year of his age, trusting alone for salvation in the merits of a crucified Saviour. "Mark the perfect man, and behold the upright, for the end of that man is peace."

Here rests,
in hope of a
glorious resurrection,
the body of
JONATHAN ELMER, M. D.,
and Fellow of the
American Philosophical Society:
an eminent Physician and Civilian,
a distinguished citizen,
and an exemplary Christian:
who departed this life Sept. 3d, 1817,
in the 72d year of his age.
Attempt not on marble, *merit* to portray,
A life *well* spent is man's best epitaph;
That life's well spent, which answers life's great end.

In 1818, the year following the decease of Dr. Jonathan Elmer, a Medical Society was organized in the county of Cumberland. The State Medical Society was organized in the city of New Brunswick as early as 1766. A new act of incorporation was passed by the Legislature of New Jersey, February 16th, 1816, at the close of the first half century.

Section 3d of said act, "authorizes the Society to appoint

not less than three physicians or surgeons in each county of the State to institute District Societies for the respective counties." Under this charter, or more properly under a supplement made thereto, by the Legislature, February 10th, 1818, an application was made for the formation of a District Medical Society in the county of Cumberland.

THE ORGANIZATION.

Pursuant to authority given by the Medical Society of the State of New Jersey, a number of licensed practitioners of medicine of the county of Cumberland met at Bridgeton on the eighth day of December, 1818, for the purpose of organizing a District Medical Society in said county. Drs. Ebenezer Elmer, Wm. B. Ewing, James B. Parvin, Charles Clark, Laurence Van Hook, Edmund Sheppard, Daniel C. Pierson, Isaac H. Hampton and Enoch Fithian were present at this meeting. Of the number who were interested in the organization of this Society, fifty years ago, but two remain. All having served their generation in the sacred calling to which they had devoted their lives, are sleeping to-day in the "silent halls of Death," save Dr. Edmund Sheppard of North Carolina, and Dr. Enoch Fithian of New Jersey. The former, for many years past a resident and property-holder in the South, and closely identified with its institutions, has retained neither a membership nor an interest in this District Medical Society; while the presence of the latter, hoary with years and fruitful even in old age, continues to cheer us at our semi-annual re-unions. May a kind Providence still deal gently with these venerable and venerated brethren, who link us with the dead ones of the past, and speak the language of fifty years ago.

Dr. Ebenezer Elmer was chosen president of the newly

organized society; Dr. Wm. B. Ewing, vice-president; Dr. Enoch Fithian, secretary; and Drs. Elmer, Ewing and Pierson were appointed a committee to frame By-Laws and Regulations, and to report to an adjourned meeting which was ordered to be held at Brewster's hotel, in Bridgeton, on the second Wednesday of January, 1819. At this adjourned meeting Drs. Thomas W. Peck, William Elmer (1,) Francis G. Brewster, Holmes Parvin, William Steeling, John L. Smith, and Benjamin Fisler, were admitted to membership, and the organization completed by the election of Dr. Wm. Elmer, Sr., as treasurer of the Society.

The By-Laws, Rules and Regulations, as presented by the committee appointed to draft the same, and adopted by the Society at its meeting in January, 1819, are both comprehensive and well-defined.

The first section declares the name of the Society.

The second, those of whom it shall be composed—all *regular* physicians and surgeons of the county of Cumberland, who met at its organization, attended the ratification of its laws, or were, upon application, thereafter, duly admitted.

The third and on to the eighth, relate to the election and duties of the officers.

The eighth defines the time for holding the stated meetings, and makes provision for the calling of special meetings.

The ninth relates to the proposition for membership and the election of candidates.

The tenth declares that every member, upon subscribing to the By-Laws, shall pay into the funds of the Society not less than one dollar, and shall also pay twenty-five cents at every subsequent stated meeting.

The eleventh provides for the appointment of a Board of Censors for the examination of candidates for license to prac-

tice physic and surgery, and the persons to whom the Board was to report the result of such examinations.

The twelfth imposes a fee of five dollars upon every candidate, upon the reception of his certificate.

The thirteenth makes it obligatory upon every member, in rotation, beginning with the president and continued by seniority, to write a dissertation on some medical or philosophical subject, or a detailed statement of a clinical case, and every such dissertation shall be open for discussion.

The fourteenth is in these words—"Every medical or surgical case submitted to the Society by any member, for their opinion, shall contain an accurate history of the same, that being possessed of the facts relative to the rise and progress of the complaint, they may be able to discuss it more understandingly, and to form a more decisive judgment for the benefit of the afflicted; and a regular account of the effects of the remedies prescribed shall be transmitted to the Society within one year after the prescription, and be recorded for future reference."

The fifteenth relates to the preservation of a complete list of the members of the Society in the archives of the same, together with dates of admission, death, removal or expulsion.

The sixteenth declares the duty of punctual attendance upon all the stated meetings, and imposes a fine of fifty cents upon every member absenting himself therefrom; and if a member neglects to attend two meetings in succession, a fine of one dollar shall be imposed for the second neglect.

The seventeenth gives to the Society power to elect honorary members, not exceeding in number one-third of the regular members.

The eighteenth and last article provides for the alteration and amendment of the Laws and Regulations.

THE RE-ORGANIZATION.

The District Medical Society of Cumberland county, thus duly organized, was in successful operation until April 27th, 1830, at which time it is said that there were so few who attended its regularly stated meetings and so few who manifested any interest in its proceedings, that Dr. James B. Parvin, who was a local preacher in the M. E. church, and a most worthy member of the Society, proposed to write its *funeral sermon.* Tradition does not inform us whether Dr. Parvin pronounced a funeral discourse or not; but upon the date above mentioned, this medical organization, whose inception was so auspicious, passed gently into a state of unconsciousness, and its existence was supposed to be extinct. For more than eighteen years the parent society slept its slumber of death, during which time many of the worthy men who were instrumental in its organization, having ceased from their labors, passed into the realm of the unknown; perhaps, into the world of light and glory, to sit forever at the feet of Him who was not ashamed when upon earth to be called the great Physician of men; and yet the slumber of eighteen years was broken. Upon the 9th of November, 1848, the District Medical Society of Cumberland county awoke to a newness of life. Any and every effort at resuscitation had hitherto proved futile; but on Thursday evening, November 9th, Drs. Enoch Fithian, Ephriam Buck, Wm. S. Bowen, Jacob W. Ludlam, Wm. Elmer (2), Geo. Tomlinson and J. Barron Potter, upon motion, resolved to make application to the Medical Society of New Jersey to re-organize the District Medical Society of the county of Cumberland. The request was granted, and by the appointment of the State Society a meeting of medical men was held at the hotel of Edmund Davis, Bridgeton, November 28th, 1848. At this meeting there were present, in addition to the gentlemen already named, Drs. Eli E. Bateman, B. Rush

Bateman, Willets, Parker, and Charles Butcher, and three weeks later (December 19), when the "Laws, Rules and Regulations" were adopted, Drs. Hampton, Ewing, Jos. Butcher and Holmes were reported as among the number in attendance. The Constitution of the re-organized Society in 1848 has a striking resemblance in the spirit and letter to the Constitution adopted in 1818. Under these Laws and Regulations the Society has been in successful operation for the last twenty years, and its stated meetings have been faithfully and regularly observed. Although some of our veteran brothers, whose heads planned and tongues spoke twenty years ago at the re-organization of this Society, have been palsied by the touch of death, yet a corps of younger men, with armor girt about them, fresh from the field of strife and victory, meet at this old trysting place to sing pœans of gratulation upon this day of our semi-centennial anniversary. The God of mercies be praised for the preservation of those aged brothers whose silver hairs and bended forms speak to us of the way along which they have come, and the nearness of the home to which they are going. We would clasp them and each other by the hand to-day and renew once more our vows of fidelity to the cause of a suffering humanity!

SOME OF THE EARLY TRANSACTIONS.

At the semi-annual meeting in 1819, it was

Resolved, That the delegates from this Society to the next meeting of the Medical Society of the State of New Jersey be instructed to remonstrate against a resolution of said Society passed on the first Tuesday of May, 1817, requiring the examination of candidates for license to practice physic and surgery to be held *only* on the days of the stated meetings of the District Societies.

This is the only case of remonstrance on record during the

existence of the Society, and this was unsuccessful, as appears from the report of Dr. Ephraim Buck, to whom, as one of the delegates, the presentation of the remonstrance was entrusted.

At the annual meeting in 1821, it was

Resolved, That a Committee be appointed to correspond with the District Medical Societies, upon the propriety of petitioning the Legislature so to amend the Act incorporating the New Jersey Medical Society, as to establish an independent Society in West Jersey, or make the District Societies more independent of the State Society.

At the annual meeting in 1828, it was

Resolved, That a Committee of three be appointed to wait on all practicing Physicians in the county of Cumberland, who have not obtained a regular license from a Medical Society in New Jersey, and inform them that they are expected to meet the District Medical Society for the county of Cumberland at their semi-annual meeting, in order to obtain a certificate of license.

The Board of Censors, during the early years of the Society, examined the following persons for license to practice physic and surgery, viz: Samuel S. Marcy, Joseph Fifield, Leonard Lawrence, Charles Garrison, Frisby H. Snow, Hosea Fithian, William S. Bowen, David Jayne, Edmund L. B. Wales and B. Rush Bateman.

Mr. Nathan Swaine was admitted an honorary member of this Society by ballot, April 27th, 1819.

LATER ACTS.

At the annual meeting in 1850, the following paper was presented and subsequently adopted, viz:

WHEREAS, The Medical profession in general have cheerfully bestowed their professional services upon clergymen and their families gratuitously—and

WHEREAS, Very many of that influential class of our fellow-citizens counte-

nance patent medicines and quackery, both by their signatures and influence, therefore

Resolved, That the same remuneration as from other patients, will be required from such clergymen as are known hereafter to lend their influence to the dissemination of quackery.

At the semi-annual meeting in 1853, it was

Resolved, That a committee of three be appointed to make a report on the relation of medical men to quacks. Drs. Newkirk, B. Rush Bateman and Elmer (2), were appointed under this resolution, and the chairman at the annual meeting following, submitted an able report upon this subject.

At the semi-annual meeting in 1859, the following preamble and resolution were unanimously adopted, after a full and free discussion, viz:

WHEREAS, The code of medical ethics adopted by this Society and subscribed by its members, defines the duties of physicians in regard to consultations, in chapter 2d, article 4th, page 13, therefore

Resolved, That professional association or consultation with quacks, or the persistent use of quack nostrums, be considered derogatory to the good standing of any member of this Society.

At the October meeting in 1867, it was

Resolved, That the Secretary be requested to prepare a petition to the Legislature of New Jersey, to be signed by the medical men of this county, for the passage of Sanitary Laws for this State.

The Legislature did not regard this petition, although recommended by the State Medical Society, and signed by the most distinguished men of our profession in New Jersey. Sapient legislators quibble for days over the passage of bills that deserve hardly a moment's consideration, and refuse to enact sanitary laws which promise to promote the health and prosperity of the entire people of this commonwealth.

TABLE OF CHARGES.

As early as 1819, a committee was appointed to draw up a scale of charges for the regulation of the physicians and surgeons of this District Society, and subsequently, both under the old and new organization, much attention has been given to the establishment of uniform charges for professional services. The "revised table of charges" by which we are now governed, was adopted at the regular meeting in Oct., 1864, and compares very favorably with the fee bill recommended by the State Medical Society.

The following resolutions are appended to the "table of charges" adopted in 1864, viz:

Resolved, That it be considered disreputable for any member of this Society to deviate from the table of charges now adopted, and that no entry shall ever be made in their account books of lower fees than those contained in the above table.

Resolved, That this Society recommend to its members to present their claims for professional services once every year, and in all cases the usual rate of interest to be charged upon all bills remaining unpaid after that date.

HISTORICAL COMMITTEES.

At the annual meeting in 1852, it was

Resolved, That a committee be appointed to prepare, as a memorial, a History of Medicine, Medical Organizations, and Physicians in the county of Cumberland, to be read if possible at our next meeting.

This committee, consisting of Drs. J. Barron Potter, Enoch Fithian and Ephraim Buck, were continued from year to year, with instructions to report at each subsequent meeting, until 1860, when they were honorably discharged by the passage of the following paper, viz:

The committee on medical men and medical organizations having no report to make, it was

Resolved, That the thanks of this Society be presented to the committee on

the History of Medicine and Medical Men in this county, for their antiquarian researches during the past eight years; that the subject be indefinitely postponed, and the committee discharged without making a report.

In 1867, as the Society was approaching the celebration of its semi-centennial anniversary, Drs. Robert M. Bateman, Enoch Fithian and J. Barron Potter were appointed to prepare a History of the Cumberland county District Medical Society, from its organization to the present time, and also such historical reminiscences as may be attainable respecting medical men in the county, prior to the organization of the Society.

It is under the adoption of the latter resolution that the semi-centennial History has been prepared.

PRESIDENTS.

The following gentlemen have successively filled the office of president:

1818.	Ebenezer Elmer	Bridgeton.
1820.	" "	"
1821.	William B. Ewing	Greenwich.
1822.	" "	"
1823.	Ephraim Bateman (1)	Cedarville.
1824.	" "	"
1825.	" "	"
1828.	Ebenezer Elmer	Bridgeton.
1829.	" "	"
1830.	" "	"
1848.	Enoch Fithian	Greenwich.
1849.	" "	"
1850.	B. Rush Bateman	Cedarville.
1851.	Ephraim Buck	Bridgeton.
1852.	William Elmer (2)	"
1853.	William S. Bowen	"
1854.	Jacob Ludlam	Deerfield.

1855.	Isaac H. Hampton	Bridgeton.
1856.	Eli E. Bateman	Cedarville.
1857.	George Tomlinson	Roadstown.
1858.	Nathaniel R. Newkirk	Greenwich.
1859.	J. Barron Potter	Bridgeton.
1860.	Ephraim Bateman (2)	Cedarville.
1861.	Joseph Sheppard	Bridgeton.
1862.	Charles C. Phillips	Deerfield.
1863.	Robert W. Elmer	Bridgeton.
1864.	Thomas H. Tomlinson	Shiloh.
1865.	Samuel G. Cattell	Deerfield.
1866.	Robert M. Bateman	Cedarville.
1867.	William Elmer (3)	Bridgeton.
1868.	Thomas E. Stathems	Greenwich.
1869.	Stetson L. Bacon	Newport.
1870.	George E. Butcher	Dividing Creek.

SECRETARIES.

There have been but five secretaries since the organization of the Society. Under the old constitution, Dr. Enoch Fithian was elected Secretary in 1818, and held the office three years. He was succeeded by Dr. Ephraim Buck, who served in the same capacity two years. Dr. Wm. S. Bowen, who was elected in 1824, continued in office until the Society became extinct in 1830. Since the re-organization, in 1848, Dr. J. Barron Potter and Wm. Elmer (2) have discharged the duties of the Secretaryship with such fidelity and acceptance that they have been continued in office until the present time, the former serving eleven years and the latter ten years. It is worthy of note that the first Secretary of this Society, Dr. Enoch Fithian, is still living and a regular attendant upon its meetings, and, although retired from active practice on account of his declining years, he holds, by the unanimous voice of his brethren, an honorary membership in our fraternity.

TREASURERS.

The funds of the Society have been faithfully held by some of the most honorable of our members, and a careful scrutiny of the records reveals no defaulter among the number. The treasury seems to have been in a healthy state during the early years of the organization, inasmuch as the traveling expenses of delegates to and from the meetings of the State Society were generously paid. The names of the Treasurers are as follows, viz: Drs. Wm. Elmer (1), Ebenezer Elmer, Ephraim Buck, Holmes Parvin, B. Rush Bateman, Wm. S. Bowen, Eli E. Bateman, Nath. R. Newkirk, and the present incumbent, Joseph Sheppard.

Dr. N. R. Newkirk was elected Treasurer in 1860, and continued in office until his death in 1866.

MEETINGS.

The annual and semi-annual meetings have always been held in Bridgeton—fifty years ago the village of Bridgetown, now the city of Bridgeton. An effort was made some years ago to have the semi-annual meetings held in Millville, and in the other villages away from the county seat, but without success. The meetings have always been of a private character, and attended only by the members of the profession, with the exception of that held in 1819, when, it is recorded, the address of Dr. Ebenezer Elmer was delivered in the Court House. It is not improbable that this address was one of general interest to the community, and that an invitation was extended to the citizens of Bridgeton to attend upon its delivery.

PAPERS READ BEFORE THE SOCIETY.

There have been thirty papers read before the Society since its organization, which are still preserved in the archives,

and subject to the perusal of the members. The order is as follows:

Ebenezer Elmer—subject not given; Francis G. Brewster—the causes and treatment of hemorrhage of the uterus, before and after delivery; David Jayne—Dr. Cerveal's instrument for removing calculi from the bladder; Ebenezer Elmer—the rise and progress of medical science; Enoch Fithian—the epidemic bilious remittent fever of Cumberland county; Ephraim Buck—the epidemic fever of 1825; Wm. S. Bowen—a difficult variety of labor; B. Rush Bateman—dysentery; Jacob W. Ludlam—a report of three pulseless cases; Eli E. Bateman—the life and character of Dr. E. M. Porter; George Tomlinson—phlegmasia dolens; Bennet W. Parker—prospects of the medical profession in the United States; William Elmer, (2)—cholera: its history, stages and scientific treatment; Nathaniel R. Newkirk—the position and duties of medical men; E. B. Richmond—humanity and its affairs; J. Barron Potter—the recreations of medical men; Joseph Sheppard—the causes of premature old age; Ephraim Bateman, (2)—Empiricism; Charles C. Phillips—the duties and responsibilities of the medical profession; Thomas H. Tomlinson—diphtheria; Robert W. Elmer—ergot; Robert M. Bateman—anomalous cases; Samuel G. Cattell—coxalgia; William Elmer, (3)—anæsthetics; William S. Bowen—cholera; Stetson L. Bacon—enteric fever; George E. Butcher—diphtheria as occurring in my practice in 1861, '62 and '63; Thomas E. Stathems—concentrated extracts; B. Rush Bateman—reminiscences of medical practice; B. Rush Bateman—subject continued.

ARMY RECORD.

During the recent war for the maintenance of the Government, and the vindication of our laws, five of the members of the District Medical Society of Cumberland were connected with the service of their country:

Robert W. Elmer was commissioned by Gov. Olden, Assistant Surgeon 23d Regiment N. J. Volunteers, and honorably discharged at the expiration of his term of service, June 27th, 1863.

Thomas E. Stathems was commissioned by Gov. Curtin of Pennsylvania, August 2d, 1862, and assigned as Assistant Surgeon to the 133d Regiment of Pennsylvania Volunteers, and was mustered out of the service in June, 1863.

JOSEPH SHEPPARD was appointed Acting Assistant Surgeon, by the Surgeon General, U. S. A., June 13th, 1863, and honorably discharged Sept. 25th, 1865.

ROBERT M. BATEMAN was commissioned by Gov. Charles S. Olden, Assistant Surgeon 25th Regiment N. J. Volunteers, and honorably discharged at Beverly, N. J., June 20th, 1863, at the expiration of his term of service.

WILLIAM L. NEWELL was commissioned Surgeon of the 24th Regiment N. J. Volunteers, by Gov. Olden, September 16th, 1862, and was honorably discharged from the service with his regiment, June, 1863.

The following medical gentlemen from this county, who are not connected with this Society, likewise rendered efficient service to their country, either as surgeon or commander, during the late rebellion:

JOHN B. BOWEN was appointed Acting Assistant Surgeon, U. S. A., June 10th, 1862; promoted to Surgeon 34th Regiment N. J. Volunteers, August 23d, 1863, and resigned May 28th, 1864.

OLIVER S. BELDEN was commissioned by Gov. Olden, Assistant Surgeon 5th Regiment N. J. Volunteers, April 1862; re-appointed Acting Assistant Surgeon by the Surgeon General, U. S. A., May, 1864.

J. HOWARD WILLETS was commissioned Captain Co. H., 7th Regiment N. J. Volunteers, October 18th, 1861; made Lieut. Colonel of 12th Regiment N. J. Volunteers, August 11th, 1862; promoted Colonel of same regiment, March 1st, 1863, and honorably discharged the service.

NECROLOGY.

FRANCIS G. BREWSTER, was a lineal descendent of the Brewsters that crossed the ocean in the May Flower, of whom the Rev. Mr. Steele, of Washington, has given a faithful history. He studied medicine about the year 1785, received a certificate of license, and married a Miss Seeley.

Dr. Francis G. Brewster, better known as Dr. Gilbert Brewster, may have practiced considerably in Bridgeton during the early part of his professional life, but in later years he confined himself almost exclusively to the business of a druggist. He established, beyond doubt, the first pure drug store in Bridgeton, which store has remained in the hands of the Brewster family until the present time—the location having been several times changed. As it

was first established, it was a very small affair, upon the corner of Commerce and Atlantic streets. An old lady, known to the writer, says that she distinctly remembers buying medicine at Dr. Brewster's store upon the corner referred to, in 1811. Here the doctor not only sold medicines, but prescribed for such of his friends as chose to seek his professional aid. He was succeeded in business by his son, the late Francis G. Brewster.

The doctor was a member of, and a ruling elder in the Presbyterian church. He died in 1828, and was buried in the old graveyard at Bridgeton. An upright stone marks his resting place inscribed as follows:

Sacred
To the memory of
FRANCIS G. BREWSTER, M. D.,
Who departed this life
July 26th, 1828,
In the 60th year of his age.
Blessed is the man that maketh
the Lord his trust.

CHARLES CLARK was of very respectable parentage. He was the son of Daniel and Rachel Clark, and was born October 19th, 1773. He received a good English education, and previous to commencing the study of medicine, with Dr. Ebenezer Elmer, he acquired some knowledge of the Latin language. He was licensed to practice medicine and surgery by censors appointed by the Medical Society of New Jersey, and settled at Roadstown, where he acquired a large practice. He was married to Anna, daughter of David Gilman, by whom he had a son and daughter, both now living in Salem, N. J. He died of apoplexy, February 25th, 1828.

EPHRAIM BATEMAN (1) was born in the township of Fairfield, county of Cumberland, July 9th, 1780. His father—Burgin Bateman—was a farmer in moderate circumstances. The son was of a delicate constitution, and being unfitted for manual employment, was apprenticed to the trade of a tailor. It was, however, soon discovered that a sedentary life would be injurious to his already feeble health. He abandoned the shop and entered, as a pupil, the village school. His early educational advantages were such as were afforded in the primary schools of his native township. At the age of nineteen he taught, for one year, at New Englandtown, and while thus engaged his attention seems to have been turned to the study of medicine. In 1801 he became a student of Dr. Jonathan Elmer of Bridgeton, and attended medical lectures in the winters of 1802 and 1803, in the University of Penn.

Dr. Benjamin Rush was then Professor of the Theory and Practice of Medicine, and a strong attachment soon sprang up between them, which lasted for life.

In his attendance upon the Alms House clinic he was in the habit of taking notes of the cases presented for treatment. We copy a few extracts from his memoranda, both as a matter of interest and curiosity:

Feby. 2d, 1803. John English, aged 63. Disease—a cough and pain in the side. Treatment—bleeding and a blister to the side.

Feby. 5th. Is some better. Cough, however, still remains. Let him lose a little more blood.

Feby. 9th. Cough continues. Give antimonial powders.

" 12th. Is better. Give soap liniment to rub his back with.

" 16th. Is better. Give only an anodyne at night.

" 19th. Is better.

" 23d. Is nearly well.

Case II. January 22. William Robinson, a sailor, aged 35; disease, an inflammatory fever, with but little local pain. Prescription—the loss of 10 oz. of blood, and a dose of Glauber salts.

Jan. 26th. Is better. Take a little more blood, and give antimonial powders.

Jan. 29th. Is nearly well.

Feby. 2d. Is not so well. Pulse rather active, with some pain. Take 10 oz. of blood.

Feby. 5th. Is no better. Pulse still active. Let him lose 10 oz. of blood. Apply blisters to the wrists, and continue antimonial powders.

Feby. 9th. Is better.

" 12th. Still continues better. Give only nourishment.

" 19th. Is under a complete salivation.

" 26th. Is better.

After leaving the University, and receiving a certificate of license, he married and settled in Cedarville, and very soon acquired an extensive practice in the townships of Fairfield and Downe. The doctor was six feet one inch in height, and was in the habit of visiting his patients upon horseback. His manners in the sick room were pleasant and calculated to inspire confidence in the minds of the afflicted. As his practice was attended with success, his reputation very soon extended beyond the township lines, and his advice was often sought, not only by invalids living in remote parts of the county, but by his professional brethren in cases of consultation.

When the doctor began the practice, seventy years ago, midwives were

employed very generally to attend the confined; but several preternatural cases occurring about this time he was called in, and conducting them to a successful issue, his reputation as an accoucheur became established. Midwives subsided, and at this day exist only as curiosities.

The doctor was in the habit of keeping a diary, in which is recorded the details of every obstetrical case falling under his care. This antiquated document is one of much interest, and from its voluminous pages we have selected the following case. We give it in the language of the diary:

"1805, April 10, Wednesday. Mrs. Elizabeth Dutton, wife of William Dutton. This being a truly extraordinary and melancholy case, I shall take pains to state the particulars attending it. This woman had been married nearly two years, had never had any children, but was about 36 years of age. She had been very unwell for three or four weeks, daily expecting her labor to come on. This morning, about 9 o'clock, as I was riding downwards, I met her husband, who requested me to call and see her, stating that she had a violent pain in her head. I soon called at his house, found her complaining violently of her head, a dimness of sight, numbness of the extremities, and a general distress which she could not describe. Her pulse was rather slow, but full. I took immediately about 14 or 15 ounces of blood from the arm, and gave her a teaspoonful of Elix. Paregoric. This afforded but little relief. She still complained of an intense pain in her head, together with an almost total loss of vision. I then applied a blister plaster to her forehead. In about ten minutes after she was seized with a violent convulsion fit, bearing all the marks of the puerperal. After a short interval she had another, when her waters came away. I then thought proper to make an examination, but was much put to it to find the os uteri. I at length, however, succeeded in finding it, high in the posterior part of the pelvis, scarcely large enough to admit my finger, and in a state of obstinate rigidity. I drew it forward to the centre of the inferior aperture of the pelvis, and by a semi-rotatory motion of my finger endeavored to assist the dilatations of it, (for she had pain regularly; fits at intervals of 5, 10 and 15 minutes, and no sense.) Affairs went on in this way till about 3 P. M., by which time she had had 15 fits, and the os uteri was very considerably dilated. Her pulse was regular, and she quite strong. At this time she had three fits in quick succession, after which they were suspended for a full hour and a half, during which time her pains, though weak, were quite regular, and had produced the effect of fully dilating the os uteri, and the head of the child was about dropping into the vagina, and a flattering prospect entertained that the labor would soon be completed, when she was taken in another fit, being

the 19th, and died immediately. I forgot to observe that she had one or two distinct rigors in the morning. *Query.* Would it have been advisable to have artificially delivered this woman, by means of the forceps, vectis, or some such instrument, in the fore part of her labor? Every circumstance considered, I think not. A rational prospect was entertained, I think on sound principles, that she might struggle through, and be finally safely delivered. The age of this patient was no doubt an unfavorable circumstance."

The doctor continued to practice medicine until 1813, when he was elected to the lower house of the Legislature of New Jersey, and in 1815 to the House of Representatives of the U. S., which office he held by re-elections until 1823. In 1826 he was elected a member of the upper house (then called Council) of this State, and during its sessions was elected to represent the State in the Senate of the U. S., for the term of six years. His health, however, failing, he was obliged in 1828 to resign the position. The Hon. Mahlon Dickerson was elected by the Legislature to fill his unexpired term.

In 1813 he made a public profession of religion, and connected himself with the Presbyterian Church of Fairfield, under the pastoral charge of the Rev. Ethan Osborn. In 1825 he was elected a Ruling Elder. The doctor's health had been delicate for several years; his appearance indicated the existence of phthisis. On the first of December, 1828, he had a violent attack of Hœmoptysis, which undoubtedly very much hastened the fatal result. He fully realized his situation, spoke of his approaching death with the utmost calmness, and giving his dying counsel to his family and friends, he gently fell asleep, January 28th, 1829. At his death he left a widow and six children, one of whom is the present Dr. B. Rush Bateman of Cedarville. He was the grand-father of the biographer.

A flat stone marks his last resting-place in the graveyard of the "Old Stone Church," inscribed as follows:

Sacred
to the
Memory of
Doct. Ephraim Bateman,
Who departed this life
January 28th, 1829,
Aged 48 years, 6 months, and 9 days.
He was repeatedly chosen by his fellow citizens to represent them in the Legislative Assembly, and Council of his native State, and also in the House of Representatives and Senate of the United States, which last office he held till he resigned it a short time previous to his decease.

He was long a professor of religion, and for several years one of the elders of this church.

"Jesus, to thy dear faithful hand
My naked soul I trust:
And my flesh waits for thy command,
To drop into my dust."

JAMES B. PARVIN, son of Rev. Holmes and Elizabeth Parvin, was born in Deerfield Township, on the 3d of June, 1779, and died at Cedarville the 28th of October, 1834.

The boyhood of the deceased, so far as is known, was not marked by anything of special interest. His educational advantages were confined to the schools of the immediate neighborhood in which his parents resided. Early in life he manifested a love for poetry, and frequently tried his hand at versification, leaving at his death, in manuscript form, a number of poetical effusions, the most of which are of a strongly sacred character.

Having chosen medicine as his profession, he entered, as a student, the office of Dr. Benjamin Fisler, of Port Elizabeth. It is believed that he never attended even a partial course of lectures, but was licensed as a practitioner by the Supreme Court of the State of New Jersey. He very soon thereafter, upon the first of April, 1802, was married to Lovicy, daughter of Ephraim Lummis, and removed to Egg Harbor, where he first commenced his business as a physician. But the salt air so overpowered him that he was obliged, after a stay of two years, to leave, and bringing his family to Cedarville, he began practice in that town, which soon became both large and lucrative. He was employed very generally by the Methodist denomination, of which society he was for many years an active member. He resided on the main stage road, in the house now known as the "Old Parvin House," which property he bought of Dr. Jacob Egbert, Dr. Egbert having bought the same of Dr. Azel Pierson.

Dr. Parvin is said to have been a man of considerable popularity as a physician, pleasing in his address, and very fond of a practical joke. Upon one occasion he was visiting a patient at Dividing Creek, and left the sick woman two powders, and ordered them taken one in the morning and the other at night. At his second visit he made inquiry as to the action of the medicine, and was informed by the lady that she had experienced no benefit therefrom, although she had taken the powders, papers and strings precisely as he ordered. The doctor used to relate this circumstance with great gusto, and was always careful, when occasion required, to specify that papers and strings were not regarded by the profession as remedial agents.

Some fifteen years before his death he thought it his duty to preach the Gospel, and, upon application, was licensed by the religious denomination of which he was a member.

His license as a preacher gave him the right to solemnize marriages. One morning, as he was cutting wood at his wood-pile, a man called to engage his services in that capacity. The doctor knew that the man was already married, and accordingly told him that before he could marry him again, it would be necessary to unmarry him. To this the man assented, and replied "that is just what I want." "Very well," answered the doctor, "you lay your head on this chopping log, and I will very soon unmarry you." It is hardly necessary to remark that the man's retreat was both rapid and final. He did not like the plan.

Dr. Parvin's wit and humor remained with him till his dying hour. He died of inflamation of the bowels, and his attending physician ordered an application of hops to the abdomen. Soon after the application was made, the doctor, on rising from his bed, dropped his poultice. "There," he exclaimed, "*I have miscarried.*"

The doctor died comparatively young, but lived long enough to number among his friends some of the best and most influential citizens of Fairfield. The oldest inhabitants still speak of him in words of praise.

He was buried in the graveyard of the M. E. Church at Fairfield. The following is his epitaph:

In
memory of the
Rev. James B. Parvin,
who departed this life in strong confidence and
a lively hope of a blissful immortality,
on the 28th of October, 1834,
in the 55th year of his age.
In his profession he was much esteemed;
33 years he was an acceptable member
of the M. E. Church, a part of which time
he was a trustee, class leader,
and local Deacon in said church, and
filled each office with dignity
and much usefulness.

WILLIAM ELMER (1) was born in Bridgeton, March 23d, 1788. He was the youngest son of Dr. Jonathan Elmer, one of the first graduates of the medical department of the University of Pennsylvania. He received his education in the schools of Bridgeton, was regarded as a good English scholar, and had some knowledge of the classics. The death of his elder

brother, while a student at Nassau Hall, made his father loth to have him leave home for the purpose of acquiring a collegiate education. He was, however, thoroughly educated as a physician, having spent several years in the prosecution of his studies in Philadelphia, during which time he was an attendant at the hospital, and in practice at the dispensary. He graduated in 1811.

The year following he commenced the practice of medicine in Bridgeton, and was married to Miss Nancy B. Potter. She lived four years thereafter, and was the mother of three children, one of whom is the present Dr. William Elmer of Bridgeton. He was married again in 1819, to Miss Margaret K. Potter, and they were the parents of three children, all of whom, together with the widow, are still living.

Dr. Elmer soon acquired a large practice, and was the leading physician of the town. He was, however, engaged in the active duties of his profession but a very few years, and his popularity during these years must have been quite remarkable. At the death of his father, in 1817, he fell heir to an ample fortune, and very soon retired from practice. But he did not by any means lead a life of indolence. On the contrary he was, until laid aside by rheumatism in the latter part of his life, very much employed in the promotion of agriculture. He is said to have taken a great interest in the raising of stock, and upon several occasions imported to the county improved breeds. He was an excellent judge of horses, and is spoken of as a fine reinsman.

In 1824 the celebrated General LaFayette, having received an invitation from Congress to visit this country, arrived at New York, and spent a year in making excursions throughout the several States. He was everywhere received with many demonstrations of public joy. Upon the occasion of his visit to Philadelphia there was a grand military display in honor of the event, and Dr. Elmer, who had for some years been drilling a troop of cavalry, was present with his command at the reception. It is perhaps enough of compliment to his soldierly qualities to state that this troop of cavalry attracted great attention, and was regarded among the best in the imposing display.

During the latter part of his life he was very much afflicted with rheumatism, to which disease he had an hereditary predisposition, and at the last, seizing upon the vital organs, it hastened his death at the early age of forty-eight.

A large raised flat stone marks his grave in the cemetery of the Presbyterian Church at Bridgeton, inscribed as follows:

This stone is erected
as an affectionate memorial
of
WILLIAM ELMER, M. D.,
son of Jonathan and Mary Elmer,
who died May 6th, A. D. 1836,
aged 48 years.
He was a graduate of the medical department of the
University of Pennsylvania, and occupied
an elevated station in his profession, but retired
from its arduous practice in 1822.
The possession of literary attainments, generous philanthropy,
and sterling integrity, combined with a pleasing
familiarity of deportment, procured for him
the confidence and esteem of all who were
intimately acquainted with him.
After a life thus spent, he was suddenly cut off, in the
vigor of manhood, expressing firm belief in a
joyful reconciliation with his divine Master.

EBENEZER ELMER, son of Daniel, 2d, was born in the family house at Cedarville, August 23d, 1752, and died at his son's, in Bridgeton, October 18th, 1843.

Dr. Elmer was early left an orphan by the death of his father, and remained with his mother on the homestead until near the close of her life. His educational advantages were exceedingly limited. In a short memoir, prepared by himself, he states that "when my father died, I could read tolerably well, and improved myself by frequently reading aloud to my mother. I do not recollect to have gone to any other than an evening school after my father's death, but one quarter, during which I went through with arithmetic with one Norbury, a celebrated teacher, until the fall of 1773, when I placed myself under the tuition of John Westcott, at Bridgeton, to learn the practical branches of a seafaring life." It is said that he always showed the want of a good education, although his natural capacity and diligent habits as a student very much supplied the deficiency. He gave himself considerably to reading, and in after years exercised very assiduously the art of composition. He was frequently employed to draft political papers for his party, and contributed a number of articles upon different subjects to the local newspapers. He thus attained to a very good style.

In 1774 he was induced to enter the office of his brother, Dr. Jonathan Elmer, for the purpose of studying medicine. He prosecuted these studies for a term of two years, and went through all the branches usually taught at any medical school. It does not appear that he was ever matriculated at a medical college, or received a diploma of graduation.

In 1776 he was appointed an ensign in Capt. Bloomfield's company, and shortly after promoted to a Lieutenancy. After serving almost a year in the latter capacity, the regiment to which he was attached was disbanded, and declining a reappointment in the line of the army, he joined the 2d New Jersey Regiment as Surgeon's mate, under Dr. Lewis Howell. After the death of Dr. Howell, which occurred in about fifteen months, (just after the battle of Monmouth,) Dr. Elmer was commissioned as regimental Surgeon, and served in that station, as an officer of the staff, until the disbanding of the army in 1783. He was connected with the army in the ways mentioned almost eight years, and rendered our country most efficient service during its early struggles for nationality.

At the close of the war, he commenced civil practice in Bridgeton, in connection with Dr. James Ramsey. This partnership, however, was very soon dissolved, and Dr. Elmer, whose experience in the army gave him celebrity, at once acquired an extensive practice. In 1784 he was married to Hannah Seeley, daughter of Col. Ephraim Seeley, and they were the parents of two children, Lucius Quintius Cincinnatus, and Sarah Smith. Five years thereafter he entered the arena as a politician, and was elected a member of the Assembly, and continued a member of the House until 1795, and upon two occasions was elected Speaker of the same. In 1800 he was elected to a seat in the House of Representatives, and continued a member for six sessions. In 1804 he was appointed Adjutant General of the New Jersey militia, and in 1806 Brigadier General of the Cumberland Brigade. In 1807 he was elected a member of the Legislative Council of this State, and the year following was appointed Collector of the Port of Bridgeton. In 1814 he received the appointment of Assessor of the United States direct taxes for the sixth district of this State. Besides these offices, he was the war collector of the county, for several years a judge and justice, and for short periods Clerk and Surrogate of Cumberland.

It is said that as a physician he had a characteristic way of disposing of the inquisitive. When asked what is the matter with this patient or that, he was in the habit of saying, "he has a fever," and if still plied with questions, he would answer again, "he has a fever." In this way he defeated the designs of news-mongers, and remained the master of his own business. It is also said of him that he had the courage to omit a prescription when none was needed. Imaginary sickness never received from him any countenance. In this particular at least his example is worthy of imitation.

It may be interesting to mention that he was the Secretary of an association in Bridgeton, in 1775, who made it a business to prepare weekly papers on

various topics, which papers were copied and left at the tavern of one Matthew Potter, to be read by any who might be desirous of obtaining the latest news. It seems hardly credible that this mode of communication was in vogue in this county less than a century ago. We often fail to appreciate the privileges that we enjoy, until we bring them in comparison with those of our forefathers. And it is interesting to find such a man as Dr. Elmer willing to give his time in this way for the instruction and amusement of the people.

Dr. Elmer attained the extreme age of 91 years. His life was an eminently active, and an exceedingly useful one. Having just reached his majority at the commencement of the revolutionary war, he entered, as we have seen, with his whole heart, into the colonial struggle for Independence, and his name deserves to be preserved forever in the list of those "that were not born to die." All honor to the patriot dead! And he deserves to be remembered, not only as a patriot and a citizen of distinction both in public and private life, but he deserves to be remembered by us as physicians, for the organization of this District Medical Society of Cumberland county was perhaps due more to his influence and exertion than to that of any physician then living. He was from the very first interested in all of its proceedings, and contributed very largely by his presence and his position to its continued growth and prosperity. For five years he was the presiding officer of the Society, and seems to have taken a prominent part, not only in the transaction of its legitimate business, but in the discussion of medical questions.

But any memoir of Dr. Ebenezer Elmer would be quite incomplete which failed to notice his early convictions upon the subject of religion, and his subsequent consistent life as a Christian. In speaking upon this point, he says, "I will mention that in the Spring of 1765 a general revival of religion took place in the congregation at Fairfield, under the pastoral care of Rev. William Ramsey, of which I partook in a sensible manner. The young in general became very much engaged, and we had meetings at least twice a week during all the Summer and Fall. Under the impressions received at home, and at the church and prayer meetings, I became a believer in the Gospel plan of redemption by faith in Jesus Christ. However much, amidst the alluring vanities of the world, I deviated from Christian integrity, the Bible was ever precious to me, and I can heartily recommend it to others, as containing all things necessary to make us wise unto salvation, and to lead us safely through life." In 1825 he connected himself, upon profession of his faith in Christ, with the Presbyterian church in Bridgeton. He established

the first Sabbath-school in the county, and was for many years the President of the Bible Society, and one of its founders.

"*Antiqua homo virtute et fide.*"

On an upright stone in the grave-yard of the old Presbyterian church at Bridgeton, we read as follows:

In
Memory of
GENERAL EBENEZER ELMER,
A soldier of the Revolution,
Who died October 18th, 1848,
Aged 91 years.

HOSEA FITHIAN was born in Deerfield township, Cumberland county, N. J., January 1st, 1800, and died at Woodstown, Salem county, September, 1847. He was the son of Jonathan Fithian, and enjoyed, during the years of his childhood and youth, the advantages of the common schools of his native township. At the age of 20 his attention was turned to the study of medicine, and he accordingly entered the office of the late Dr. Ephraim Buck, as a pupil, and continued under his instruction for a term of three years. Quitting the office of his preceptor, he matriculated at a medical college in the city of Philadelphia, where he spent three additional years in the prosecution of his studies. At his graduation he is believed to have been qualified for the every-day duties of a physician. He commenced at once the practice of medicine at May's Landing, in Atlantic county, but his stay at this town was a temporary one. He removed to Mullica Hill in 1828, and remained in the practice of medicine a little over two years. He then transferred his residence to Woodstown, and there remained until the date of his death, in 1847.

He is buried in the Friends' grave-yard at Woodstown, and his last resting place is said to be marked by a neat tomb stone, which circumstance is so unusual among the Society of Friends that it is deemed worthy of mention in connection with his history.

JOHN GARRISON is believed to have been a regular practitioner of medicine. Of his early history we know nothing. He is said to have practiced a few years at the beginning of his career in the State of Delaware. From thence he removed to Mullica Hill, and after remaining there a short time he changed his residence to Fairton, and finally to Bridgeton, where he died at an early age. An old gentleman now living in Fairton relates that

Dr. Garrison was called to see his father professionally, and after an examination of the case, he very gravely ordered *roasted* polk root to be applied to the bottom of the feet. The son remembers digging the root, roasting it, and applying it as ordered, and also remembers that his father did not submit to the application very long. The doctor's remedy was worse than the patient's disease.

The doctor was for some years a member of the Methodist Church, and professed at one time to have attained to a state of perfection. He once said to a friend, "I have lived a perfectly sinless life for so many weeks." The friend made no reply. "My conscience has not in all that time accused me of sin." "Ah," said the friend, "I did not believe your first statement, but the last I do believe; the conscience often becomes so seared that it ceases to accuse of sin." The rebuke was kindly received, and the subject dropped.

Dr. Garrison is said to have been a man of very shallow mind, not by any means qualified mentally for the duties of his professional life. And, indeed, in later years it became necessary to appoint a commission of lunacy upon his case, as he was considered by his friends quite incompetent to the management of his worldly affairs. Judge L. Q. C. Elmer and Dr. Ephraim Buck were appointed the commissioners, and they cited Garrison to appear at the Court House that his case might be investigated. As he entered the Court House he spied Dr. Buck sitting as one of the commissioners, whereupon he cried out, "Buck's a pretty man to appoint on this business; I've got as much sense as he has; I take care of my property, and that is more than he does." This burst of indignation created quite a laugh, but did not in anywise alter the decision of the commissioners.

The doctor was a brother of Powel Garrison, and his wife was a sister to Daniel M. Woodruff, of Bridgeton. He was the father of several children, one of whom, William, was a graduate of medicine.

JOSEPH BUTCHER, JR., the son of Dr. Joseph Butcher, the elder, was born in Mauricetown, Cumberland county, March 10th, 1824. He graduated at the Jefferson Medical College, of Philadelphia, in the class of 1848-9, and died October 17th, 1849.

The following preamble and resolutions were adopted at a special meeting of Ariel Lodge, No. 56, I. O. of O. F.:

WHEREAS, It has pleased the Almighty, in the mysterious workings of his Providence, to cut down in the Spring time of his years, and the opening of

his manhood, just as he was prepared for a useful life, our well-beloved brother, Dr. Joseph Butcher, Jr., therefore

Resolved, That we, the officers and members of his own Lodge, and sister Lodges, feel with deep and heart-felt sensibility the loss sustained by our Order, and the community in which he resided.

Resolved, That in his death we have lost a brother endeared to us by his pure life and worthy example, and humanity has cause to mourn the departure of a sterling friend.

THOMAS W. PECK, son of John Peck, was born in Stoe Creek Township, November 4th, 1779. His father was a soldier in the revolutionary war. The educational advantages of his son were limited, and confined to the schools of his immediate neighborhood. In 1798 he entered the office of Dr. Brewster, of Deerfield, and began the study of medicine. He was soon thereafter matriculated in one of the medical schools of Philadelphia, and graduated at the age of twenty-two. After his graduation, he accepted a situation as surgeon on board Girard's ship "Good Friends," sailing from Philadelphia to Cuba, and commanded by Captain Earl. In about one year he resigned his position as surgeon, and commenced private practice at Absecon, Atlantic county, N. J. Here he remained twelve years, and then transferred his residence to the village of Shiloh, Cumberland county, N. J. In 1823, after his removal to the latter place, he was married to Miss Jane H. Davis.

At the age of fifty he had a severe attack of apoplexy, the effect of which ever after showed itself upon his physical system, as well as his intellectual faculties. His professional labors thereafter were necessarily very much curtailed. He died August 30th, 1852.

LAWRENCE VAN HOOK was one of the early members of the District Medical Society. He is said to have lived for a time at Schooner's Landing, a town of considerable importance on the Menantico. From thence he moved to Dennisville, Cape May county, where he continued to reside a number of years, devoting his time very largely to the practice of medicine. The writer has heard but recently an amusing case which occurred in the practice of Dr. Van Hook, and which it may not perhaps be amiss to relate. The doctor was summoned in haste to visit a man who was reported as having sustained a serious injury. He examined the case very critically, and pronounced it one of fractured femur, and getting his apparatus in order, he proceeded to re-

adjust the broken bone. Having watched the case for long tedious weeks, he was rejoiced at the last to see the man again upon his feet, and hobbling upon his crutches. But patients to whom the physician has shown the most kindness, are sometimes the first to berate him and malign his character. Thus it was in this instance. The man imagined his case badly managed, and finally brought suit against the doctor for malpractice. The case was tried in court. A committee of physicians was appointed to examine the broken femur, and report upon the degree of deformity. Their decision was awaited with anxiety. At last it came, and was in words to this effect, viz: "Having examined this case very carefully, we are obliged to report that we see no evidence that the bone was ever broken; there is no deformity existing, and it is our deliberate opinion that the man's leg has never been fractured." Exit Van Hook and his patient.

The doctor was not a graduate. He was armed with a license from the State, which in early days, according to Dr. Isaac H. Hampton, was regarded as great an honor as a diploma from any medical college in the country.

After having raised a family of children, and become somewhat advanced in years, he caught the western fever, and started in pursuit of a new home. He found a home and a grave among strangers. He died in Jackson county, Iowa.

EDWARD MULFORD PORTER, son of Joshua Porter and Mary Marr Sheppard, was born at Camden, New Jersey, on the 20th day of August, 1825. He was placed at school first at Camden, and then at Vincentown, after which he was employed for a short time as a teacher in a school in Greenwich, and for about a year as clerk in a store. He commenced the study of medicine with Dr. Enoch Fithian, in the Spring of the year 1846, attended three courses of lectures in the medical school of the University of Pennsylvania, received the degree of M. D. in the Spring of the year 1849, and, associated with his late medical preceptor, immediately thereafter commenced the practice of medicine in Greenwich. In the month of February, 1851, he was married to Miss Mary Brewster. Through the Winter of 1850–51 he was affected with cough and pain in the chest, which, however, did not occasion any great degree of solicitude as to the result, either on the part of himself or his friends; but on a night in the month of May, while returning from a visit to a patient in Salem county, he was attacked with hæmoptysis, which being profuse, left him weak, and obliged him to relinquish all professional business. In the Summer of the year 1851 he changed his residence

to Bridgeton, after which the disease of his lungs gradually made progress, until its usually slow but certain work was finished in the death of his victim on the 10th day of January, 1853.

Dr. Porter had many, and warm friends. His good intellect, his attainments in medical science, high sense of moral rectitude, good address, courteous manners and untiring devotion to his profession, gained for him, in a comparatively short time, that confidence and esteem as a physician which is ordinarily attained only by years of unremitted attention to its duties.

During the weary and painful months in which his life was wearing away, he was sustained by that religion of which he had made a public profession at his baptism, in the Presbyterian church at Greenwich. He had that trust in God, and confidence in His mercy, which can legitimately result only from hearty repentance and true faith, and was expressed in his dying words, "I shall soon be with the angels."

His remains were interred in the cemetery of the Presbyterian church at Bridgeton, where a handsome monument with an appropriate inscription marks his grave :

EDWARD M. PORTER, M. D.,
Died January 10th, 1853,
Aged 27 years.
There is rest in Heaven.

EPHRAIM BUCK was born in Millville, Cumberland county, February 23d, 1795, and received his academic education chiefly in Fairfield and Bridgeton. He commenced the study of medicine in 1814, under the instructions of Doctors S. M. Shute and Wm. Elmer (1), and received his diploma from the University of Pennsylvania in the Spring of 1817. He entered immediately upon the practice of his profession among the scenes of his early days, and was for a short time in partnership with one of his preceptors, Dr. William Elmer. His energy of character, pleasing address and medical skill, aided by a large and influential family connection, very speedily procured for him an extensive practice.

In the year 1819 he was united by marriage to Miss Elizabeth Hendry, daughter of the late Dr. Bowman Hendry, of Haddonfield, N. J.

In the fall of 1818 he removed to Philadelphia, and in the northern part of the city soon succeeded in obtaining a respectable practice. He was physician of the city prison in 1833-34, when it was visited with the cholera, and by his unremitting attention and judicious management, contributed

much to mitigate the horrors of a disease which had so recently made its first appearance upon the American continent.

In the fall of 1839 he removed to Columbus, Burlington county, N. J., and while there was deprived by death of his wife.

After the lapse of a few years, in 1843, he again came to reside in Bridgeton, and was married July 10th, 1845, to Miss Abigail Ann Allen, of Pittsgrove, who died suddenly the following year.

Dr. Buck lived a life of usefulness, and occupied an influential position in society. He was considered a skillful physician, and his reputation extended to all parts of the county. He was generally consulted by his professional brethren, in severe and abnormal obstetrical cases, and his fame as an obstetician was worthily obtained.

He was also a public-spirited citizen, foremost in every laudable enterprise. The cause of temperance had in him a warm and uncompromising friend. He was devoted to its interests, and exerted himself in every way to advance its claims. For many years he was an active member of the Cumberland County Bible Society, and prepared several of the annual reports for that body.

The doctor was a strong partisan of the Henry Clay school, and on several occasions figured conspicuously in the political arena. Although decided in his convictions, he was nevertheless liberal to his opponents, and exercised charity toward those who differed with him on any of the issues of the day.

His social qualities were very fine. He possessed the faculty of making himself agreeable to all classes of society. His mental storehouse contained food for every one. His natural turn of mind carried him often into the field of literature, and his pen has written frequently for the public press. His writings were of that substantial character which gave them weight and commanded respect.

The following extract is taken from a notice of his death published in the county papers: "His loss will be deeply felt by his family, by the church, and by the community at large; but he leaves to those who are thus bereaved, the consolation of believing that his pilgrimage is ended in that rest which remaineth to the people of God."

A plain, upright stone marks his grave, inscribed as follows:

EPHRAIM BUCK, M. D.,
Born February 23d, 1795,
Died July 14th, 1855.
Asleep in Jesus.

WILLIAM STEELING was born in Bridgeton, Cumberland county, N. J., in the year 1785. He was the only son of William Steeling, a Scotchman, who lived at the Indian-fields adjoining Bridgeton, where he gained a livelihood by farming. He was also a school teacher, and probably gave considerable attention to the education of his son. It seems to have been understood at first that he should study theology. With this in view, he was put under the care of Rev. Henry Smalley, of Bowentown, with whom he studied about two years. Subsequently, however, changing his mind with regard to his future course, and abandoning his first intention, he commenced the study of medicine with Dr. Azel Pierson, of Bridgeton, and graduated at the Jefferson Medical College, of Philadelphia.

Dr. Steeling was married October 2d, 1810, when twenty-five years of age, to Miss Hannah Ware, of Stoe Creek township. He had two sons and one daughter. Of his children, the youngest son only is now living, and resides in Philadelphia. Mrs. Steeling died in the latter city in 1850.

Dr. Steeling was a man of industrious and sober habits, a lover of his profession, and successful in its practice. In the year 1847 he removed from Bridgeton to Philadelphia, and died January 6th, 1856, in the 71st year of his age.

DANIEL C. PIERSON was born at Cedarville, Cumberland county, New Jersey, October 9th, 1792. While yet a boy, his parents removed to Bridgeton, where he continued to reside until the Spring of 1815. He studied medicine with his father, Dr. Azel C. Pierson, and attended three courses of medical lectures at the University of Pennsylvania, graduating in 1814. His father having died in 1813, he spent the year subsequent to his graduation in the settlement of the estate. In 1815 he commenced the practice of medicine at Cedarville, and very soon acquired a large and extensive practice. He is described as being tall, slender, and very nimble. His personal attire was exceedingly plain. He rode in a two-wheeled sulkey, and drove a balky horse. As a physician he is said to have had the kindest of hearts, and soon won the confidence and affection of his patients. In his practice he used very largely the mild chloride of mercury, often carrying its use to profuse salivation.

During his attendance upon the medical lectures of Dr. Rush, he became most forcibly impressed with the views of that venerable "father of American medicine" on the subject of temperance, and thus became one of the pioneers of that great movement after his settlement in Cedarville. In consultation on

the subject with the late Rev. Ethan Osborn, for so many years pastor of the Presbyterian church at Fairfield, Mr. O. advised him to call a meeting and organize a society, "for," said he, "temperance is a good thing." But when informed by the doctor that his co-operation would be needed, and that he must accept the office of President, he demurred, saying, "It will not do, I have several gallons of rum in my cellar." He, however, yielded to the persuasions of the doctor, and to his own convictions of right, sacrificed the rum, presided at the meeting, and was the first to sign the pledge. The Secretary, Dr. B. Rush Bateman, was the second. Dr. Pierson ever continued the uncompromising foe of intemperance, and his influence as an advocate of reform, while a resident of Cedarville, was wide-spread and salutary. Upon this subject he was very far in advance of the men of his time.

In the year 1817 he, together with Dr. Leonard Lawrence and two others, started for the far West. They walked to Pittsburg, bought a skiff, and went down the Ohio to Cincinnati, then but a village; from thence he walked to Vincennes, most of the way alone, through the then wilds of Ohio and Indiana, and thought to go into Illinois, but was assured by the people that Illinois was at best a poor, flat prairie country, that would not be settled for a long time to come. He thereupon retraced his steps, or rather went down the Wabash in a skiff, and then up the Ohio to Cincinnati. From this village, now grown to be one of the largest cities in the United States, he returned home on horseback. Such a trip now-a-days would be quite an event; how much greater an undertaking in those times when railroads and steamboats were not yet in use.

Having returned to Cedarville, he remained in the practice of medicine there until 1833, when he removed to Jacksonville, Illinois. After his removal to the latter place, he never engaged in the practice of his profession except in occasional cases of consultation.

Dr. Pierson was not only a successful and beloved physician, but an humble and earnest Christian. He connected himself, upon profession of his faith in Christ, with the "old stone church" of Fairfield, in 1828, and after his removal to the West was elected an elder in the Presbyterian church, which office he held for many years before his death. The Tuesday evening prayer meeting, still held in connection with the First Presbyterian church of Cedarville, was first organized at the house of Dr. Pierson, and some of the old citizens of that town recall the doctor's interest in those prayer meetings with the tenderest emotions.

In 1850 he removed from Jacksonville to Augusta, Ill., where he died January 29th, 1857.

JACOB W. LUDLAM was born in Greenwich township of this county. He was the son of Reuben Ludlam, a farmer. We have been unsuccessful in obtaining any information as to his early history. His educational advantages were probably limited. The precarious state of his health during his early years rendered him unfit for continued application of any kind. He was very much reduced physically, by repeated attacks of hæmoptysis, and was thought to be running into a rapid decline. But exercise in the open air, perhaps more than any other cause, contributed to overcome the tendency to phthisis, and made him during the latter part of his life a robust and portly man. Many similar instances are upon record. Prof. Wood relates that the late Dr. Joseph Parrish in early life labored under the symptoms of phthisis, and after his death, at an advanced age, was found to have several cicatrices in the upper part of one lung, which were obviously the remains of tuberculous cavities.

Dr. Ludlam graduated from the University of Pennsylvania in March, 1827. He married and settled in Deerfield. At first he kept a variety store, and offered for sale, among other things, a lot of drugs. He seems to have introduced himself into practice in this way. Professional opposition, which he encountered at first, gradually died out, and for many years before his removal to the West, he was the only physician in Deerfield, and commanded almost the entire practice of the township. In the sick room he was mild and affable, very fluent in conversation, and very popular. This affability no doubt contributed largely to his popularity, although as a practitioner he merited the confidence and respect of the community, inasmuch as he was an intelligent doctor and successful prescriber. His palatable manners, however, may have done quite as much good in some cases as his unpalatable medicine. It is very good always to *flavor* the latter with a little of the former.

Dr. Ludlam was the father of several children, one of whom, the eldest, graduated from a medical school in Philadelphia, and settled in the city of Chicago. Perhaps the settlement of this son in the West, induced the doctor, in 1855, to emigrate thither. He did not long survive this change of residence. He died at Evanstown, Ill., July, 1858. After his removal westward he connected himself with the Methodist church, and died in the faith of the gospel.

REUBEN WILLETTS succeeded Dr. Benjamin Fisler in the practice of medicine at Port Elizabeth, and after the death of the latter had the entire practice of that town and vicinity. He was a brother-in-law of Dr. E. B.

Wales, of Cape May, and the father of Col. J. Howard Willetts, who is a graduate of the Jefferson Medical College, of Philadelphia, and served with distinction in the Union Army during the recent rebellion.

The doctor was very mild in disposition, remarkably good-hearted, and very benevolent. He was popular with the people as a physician, and held in high esteem as a citizen. He was an active member of the M. E. Church, and for a number of years a class leader and local preacher. He continued to preach occasionally, in connection with his professional duties, up to the time of his death. He died in 1858, with erysipelas of the scalp, affecting the brain, aged about 52.

BENNETT W. PARKER was born at Wolcott, Conn., May 12th, 1808. He came to New Jersey when a young man, and was employed as a traveling agent, his route being in and through the southern part of the State. While thus engaged, he began the study of medicine. He carried his books with him wherever he went, and was often seen by the roadside by persons still living, deeply interested in the study of the Materia Medica. Although determined to acquire a medical education, he often found himself embarrassed pecuniarily, and obliged to live upon the scantiest fare. During the prosecution of his studies, he is said to have lived upon fifty cents per week. In 1836 he received a certificate of license from the Medical Society of Connecticut, which is still in the possession of his widow, and reads as follows:

The President of the Connecticut Medical Society, to whom these presents may come, greeting:

Know ye that Bennett Woodward Parker has been approved relative to his knowledge in physic and surgery, on examination, according to the rules and regulations established by the Fellows of the Connecticut Medical Society. I do therefore hereby duly license him to practice as a physician and surgeon, with all the rights, privileges and honors thereunto appertaining, and do recommend him to the notice of the Faculty, and the improvement of the public.

In testimony whereof I have hereunto set my hand, and have caused the seal of the said Society to be hereunto affixed, at New Haven, this 3d day of March, in the year of our Lord 1836, and 60th of American Independence.

THOMAS MINER, M. D., *President.*

T. P. BEERS, *Clerk of Examining Committee.*

Dr. Parker also received a diploma from the Medical Society of New Jersey, bearing date of June 13th, 1838, and signed by Benjamin H. Stratton, M. D., President.

When he came to Cumberland county as a physician, he settled first in Bridgeton; and after a short stay in that town, removed to Deerfield, and from thence to Millville, where he continued to reside until his death. His practice in the latter place embraced a period of some twenty years, one-half of which time he was an invalid. It is related that he was frequently obliged, upon reaching the house of a patient, to rest upon the bed or lounge before he could proceed with an examination of the case. His disease was cancer of the duodenum. The great bodily suffering incident thereto produced an irritability of temper, which interfered somewhat with the exercise of the highest social qualities. He nevertheless acquired a large practice, both in the town and adjacent country. But owing either to an improper system of collection, or to habits of extravagant living, he died poor. He was a prominent member of Millville Lodge, No. 47, I. O. of O. F., by whom he was buried in the Presbyterian grave-yard of that town, and a neat tombstone erected over his grave. He was a believer in the faith of the Presbyterian church, and for many years a communicant.

The following obituary notice appeared in one of the local papers:

In Millville, on the 18th of May, 1859, BENNETT W. PARKER, in the 49th year of his age.

A skillful physician, a generous friend, a kind, indulgent husband and father, his loss is deeply and widely felt. The following resolutions were passed by Millville Lodge, No. 47, I. O. of O. F., of which the deceased was a prominent member:

WHEREAS, It hath pleased the all-wise disposer of events to remove from our Council, P. G. Bennett W. Parker, who terminated his sojourn with us on Wednesday morning last, at 6½ o'clock, therefore

Resolved, That in his death our Order has lost a brother, whose sympathies were actively enlisted in the best interests of humanity.

Resolved, That as a token of the respect we hold for him as a man and a brother, we will attend his funeral this afternoon at 2 o'clock, in accordance with the regulations of the Order.

Resolved, That our sympathies commingle with the family and relatives of P. G. Parker, who, in his death, have lost a friend whose absence makes desolate the domestic circle, and causes the heart to mourn with sorrow.

Resolved, That we condole with the family in their bereavement, and that a copy of these procedings, duly certified by the Secretary, be transmitted to the members thereof.

ISAAC H. HAMPTON was born in Fairfield township, June 12th, 1785. His father, John T. Hampton, was a practitioner of medicine. The son received the ordinary common school education of that day, and then began

the study of medicine with Dr. Benjamin Champneys, in Bridgeton. When only seventeen years of age he received his diploma, as a graduate of the medical department of the University of Pennsylvania. The subject of his thesis was pneumonia. He commenced practice in Woodbury about 1806, married Fanny Helen Giles, April 23d, 1810, and in the following year removed to Bridgeton. Here he very soon acquired an extensive practice, which he retained for many years. His services as a physician were very frequently called into requisition many miles from home, sometimes as a regular attendant and sometimes in cases of consultation. He was considered a good prescriber, and his practice was attended with success. He is spoken of as being bold and intrepid, somewhat dogmatical in his views, and persistent in his own course of treatment. He charged high for his services, and his practice became lucrative as well as extensive. He was an especial favorite as an accoucher, and had for many years a very large obstetrical practice. His popularity in such cases was owing perhaps as much to his fine social qualities as to his experience and skill in the management of the confined. He was an incessant talker, kept up a continual flow of conversation, so that the woman in the midst of her pains was interested and cheered, and the "weary hours beguiled." If the case was a complicated one, he still manifested the same good humor and pleasantry, never allowed himself to become excited, and by his composure of manner exerted a happy influence on the woman in labor and her female attendants.

The doctor was also a general talker in public, always wore the old fashioned ruffled shirt bosoms, and had a habit of shutting one eye when speaking. He was known as a strong politician, of the Whig school, was several times honored with the nominations of his party, and in October, 1838, occupied for a short time a contested seat in the Legislature of New Jersey. In 1845 he was anxious to become the nominee of his party for Congress, but the Convention not regarding him as an available candidate, and in order to conciliate the matter, nominated his son, the Hon. James H. Hampton, who was very handsomely elected, and retained his seat until 1849.

The exposure and fatigue arising from his professional labors gradually wore upon his constitution,—he was troubled with cough and occasional pleurisy,—nevertheless his life was prolonged to a good old age, and he was permitted to celebrate with his partner their golden wedding, April 23d, 1860. He survived this event but a few months, and died Sept. 4th, 1860, aged 75 years.

Agreeable to his request, Drs. William Elmer and J. Barron Potter made a post mortem upon the succeeding day. That examination disclosed the fol-

lowing facts, viz: "Left lung adherent to pleura, about the middle. The right adherent all over, very strong. Softened tubercles and cavities, ready to open. Lower part of right lung very congested and tuberculose, had a gritty cut. Liver healthy, but adherent to diaphragm. Heart small, but healthy. Stomach, kidneys and other organs, healthy."

The doctor was buried in the grave-yard of the old Presbyterian church, and his obelisk simply records his name, date of birth, date of death, and age.

"Dust to dust concludes the song of earth."

JOSEPH BUTCHER was born May 24th, 1791, at Green Tree, in the township of Evesham, Burlington county. He was a son of Joseph and Elizabeth Butcher. His father died when he was about six months old, and at the age of fourteen he was taken to Port Elizabeth, Cumberland county, where he entered as a clerk in a dry goods and grocery store. A variety of drugs was also kept in the store, the mixing and dispensing of which was under his especial care. At the age of nineteen he entered into business for himself, and established a drug store on a larger scale. He afterwards became interested in a dry goods and grocery store, and supplied a branch of the American army with provision in 1812, while encamped on the school house lot in Port Elizabeth. Under adverse circumstances he commenced the study of medicine, beginning his collegiate education with the commencement of the Jefferson Medical College, and graduated in 1827. He afterwards located at Mauricetown. In 1842 he was elected a member of the State Legislature. After a successful and uninterrupted practice of over forty years, he died August 24th, 1864, in the seventy-fourth year of his age.

The doctor was for many years, in the early part of his life, a member of the M. E. church, and at one time was licensed as a local preacher. He educated four of his sons as physicians, three of whom are still living, and engaged in the practice.

WILLIAM BELFORD EWING, son of Dr. Thomas Ewing and Sarah Fithian, was born at Greenwich, Cumberland county, N. J., December 12th, 1776. Some account of his more remote ancestry has already been given in the memoir of his father. He was only six years old when his father died, but he was left with ample pecuniary means for his education. After the usual course of preliminary study, which he pursued principally at the classical school of the Rev. Andrew Hunter, at Bridgeton, he entered the junior class

of the college at Princeton, N. J., and graduated in the year 1794. Having chosen the medical profession as the business of his future life, he pursued his studies to that end, under the direction of Dr. Nicholas Bellville, of Trenton, N. J., and attended medical lectures in the University of Pennsylvania, when Doctors Shippen, Rush, Wistar, and other eminent members of the medical profession, were professors in that celebrated school.

Being recommended by Prof. Rush to a physician in the Danish Island of St. Croix, for a partner in the practice of medicine, he went thither in the year 1797, and in that island, in the island of St. Thomas, and as surgeon in a British vessel of war, was engaged in professional practice for two years. He then returned to his native place, and practiced medicine in Greenwich, with the respect and confidence of the community, till the spring of 1824, when he retired from the practice of his profession. He assisted in the formation of the Medical Society of the county of Cumberland, in the year 1818, and was elected an honorary member of the same in the year 1848. He was elected President of the Medical Society of New Jersey, in the year 1824.

Dr. Ewing, in addition to his professional business, served his country in several important civil offices. For twenty-one years he was a member of the Board of Chosen Freeholders. From the year 1819, to the year 1832, with the exception of two years, he was a member of the Legislature of New Jersey. He was a Judge of the Court of Common Pleas, and for a time its presiding officer. In the year 1844 he was elected a delegate to the State Convention for forming a new Constitution.

He was for many years a member of the Presbyterian church of Greenwich; for thirty years one of its ruling elders, and for fifty-three years a trustee of the congregation.

For several years previous to his death, he was so feeble as to be disqualified for any kind of business, and the formation of a cataract in both eyes deprived him of his sight. During those days of feebleness and darkness, he was sustained and cheered by the affectionate attentions of his family and friends, and consoled by that religion which can sustain those who possess it, under the heaviest calamities, and when all other sources of comfort fail. The sun of his long life had a calm and serene setting. He died in the faith and hope of the gospel, on the 23d day of April, 1866, in the ninetieth year of his age.

Dr. Ewing was distinguished for an unusually retentive memory. What he once knew, he seldom forgot. He was prompt to decide, and prompt to act. He was firm of purpose, and had strength of nerve to carry out his

purposes. These traits were apparent in all the business of his life. In pursuing his medical studies he adopted the principles of Prof. Rush, as opposed to the old theories of Cullan, and others. He had listened to the lectures, and read the works of that celebrated medical teacher, and his mind became so thoroughly imbued with his peculiar views, that he rejected at once every novelty in theory or practice, as well as every old dogma that did not harmonize with the theories of his favorite professor. He believed that life was a forced state; that disease was a unit, and that necrology was a barrier in the way of arriving at truth in therapeutics.

In the old cemetery of the Presbyterian church at Greenwich, in a spot selected by himself, near the graves of his parents, his grand-parents, and his great-grand-parents, his remains were interred. The marble at his grave is thus inscribed:

In memory
of
DR. WILLIAM BELFORD EWING,
Who died
April 23d, 1866,
In the 90th year of his age.
In the duties of a Physician, a Legislator, a Judge, framer
of the Constitution of New Jersey, and as a
Ruling Elder in the Church of
Greenwich, he spent his
long and useful life.

NATHANIEL REEVES NEWKIRK, was the son of Matthew Newkirk, and Elizabeth Foster. His parents were of the most respectable families in the counties in which they lived; his father being a native of Salem, and his mother of Cumberland county. He was born at Pittsgrove, Salem county, New Jersey, on the 22d day of July, 1817. After a suitable preparatory education, he entered Lafayette college, Pennsylvania, where he graduated in the year 1841. Subsequently he studied medicine, and graduated Doctor of Medicine in the school of the University of Pennsylvania. In the spring of 1844, he commenced the practice of medicine in Pittsgrove, his native place, where, notwithstanding his being surrounded by older and longer established competitors, he became popular, and succeeded in obtaining a good share of professional business. In the summer of 1851 he removed to Greenwich, Cumberland county, New Jersey, and practiced medicine in that place, with steadily increasing popularity, until a gradual but persistent attack of pulmonary disease compelled him to abridge his labors, andfinally to remove to Bridgeton, New Jersey, in the hope that in that place he might

obtain a practice sufficiently remunerative, with less labor and exposure. His increasing debility, and emaciation, however, made it painfully evident that consumption was doing its work upon his frame, and must soon prove fatal, when, on the first of November, 1866, he had an attack of dysentery, which, on the 10th day of the same month, terminated his useful life.

His early religious training bore its appropriate fruit in his strictly honorable, upright and useful life; in the religion which enabled him to triumph over debility, pain, and the fear of death, and in the evidence furnished to those who were with him during the closing hours of life, that he has entered into the "rest that remaineth for the people of God."

Dr. Newkirk was interred it the cemetery of the Presbyterian church at Bridgeton. The following inscription is from his tombstone:

NATHANIEL R. NEWKIRK, M. D.,
died
November 10th, 1866,
Aged 49 years, 8 months, and 28 days.

"Whom have I in Heaven but Thee?
And there is none upon the earth,
That I desire beside Thee."

LORENZO F. FISLER, son of Dr. Benjamin Fisler, whose biography appears in another part of this work, was born in 1797. The following year the family removed to Port Elizabeth, Cumberland county, where the father continued to practice as a physician, and preach as a minister, for more than half a century. The son enjoyed very excellent advantages, and gave in early years promise of an auspicious future. Having finished his preparatory course, he began the study of medicine with his father, and graduated from the medical department of the University of Pennsylvania.

He commenced immediately the practice of his profession, in the village where he had spent the years of his childhood and youth, and soon found by experience that a prophet sometimes hath honor in his own country, and among his own people. He continued to practice at the Port, for a number of years, and when he transferred his residence to Camden, he left behind him many warm-hearted friends. He was genial in his disposition, approachable in his manners, prepossessing in his appearance, and very soon, in his new home, secured the respect and confidence of the people. Although a good and successful practitioner, he was lead by political predilection to abandon the practice of his chosen profession, and give his time and attention very largely to local politics. He was elected mayor of the city of

Camden, and administering the government wisely and satisfactorily, was continued in office for a number of years.

He was a man of more than ordinary ability, and more than ordinary culture. The literary world took notice of him, and scientific bodies honored him with their invitations. His addresses before societies of the latter character, were not only interesting and instructive, but were considered worthy of preservation. Several of them remain in pamphlet form.

The members of the Fisler family are remarkable for their longevity. Dr. Lorenzo had passed beyond "the three-score and ten." He died with softening of the brain. The announcement of his death reaches us just as we are finishing the history of the District Medical Society of Cumberland, and we are compelled, unwillingly, to add another name to our Necrological Record.

"O, great man-eater,
Whose every day is carnival, not sated yet!
Unheard-of epicure! without a fellow!
The wisest gluttons do not always cram:
Some intervals of abstinence are sought
To edge the appetite: thou seekest none."

Biographical Notices of regular Physicians of Cumberland County, who have died since the organization of the District Medical Society, but were not connected therewith:

ROBERT PATTERSON was a native of Ireland,—a man of considerable intelligence and wit. He kept, at first, a small store in Bridgeton, and was a member of that society, established in 1773, known as the "Admonishing Society." Communications were made to this society, in writing, admonishing members of certain inconsistencies of life, derelictions of duty, or positive faults of character. These communications were in every instance anonymous, and were read publicly at their stated meetings, at which time the individual to whom the letter was addressed had the privilege of setting up a defence, or of replying at length in writing. Robert Patterson, by way of enlivening the proceedings, sent in written proposals for a wife; one of the lady members sportively answered the communication, and the affair, began in a joke, ended in marriage. The husband subsequently studied medicine for a short time, entered the army as an assistant surgeon, during the war of the Revolution, and after his discharge from the service settled

in Hopewell township, of this county. In 1779 he was appointed Professor of Mathematics in the University of Pennsylvania, and afterwards, by President Jefferson, Director of the Mint. In 1819 he was chosen President of the American Philosophical Society, and ended a long and honored career in 1824, at the age of 82.

WILLIAM HOLLINSHEAD McCALLA, son of Col. Auley McCalla and Hannah Gibbon, was born at Roadstown, Cumberland county, N. J., in the month of June, 1792. He was named for his uncle, the Rev. William Hollinshead, D. D., co-pastor with the Rev. Dr. Keith, of the Archdale and Circular churches in Charleston, South Carolina. At the age of sixteen years he was placed, by his uncle, with the Rev. Jonathan Freeman, A. M., then living at the parsonage of the Greenwich church, to pursue classical studies, preparatory to entering college. He became a student of Columbia College, South Carolina, where he graduated in 1813. Soon afterwards he commenced the study of medicine under the direction of Dr. Charles Swing, at Salem, N. J. He was graduated M. D. by the University of Pennsylvania, after which he further qualified himself for the practice of his profession, by spending a year as medical assistant in the Philadelphia Alms House.

Doctor McCalla engaged in professional business, for a short time, at Roadstown, and then removed to Roxborough, Pennsylvania, where he practiced medicine for about two years. He was then married to Jane Harrison, daughter of Dr. Archibald Campbell and Margaret McCalla, and changed his residence to Woodbury, N. J., where he soon became a popular physician. While in the midst of a growing and respectable practice, he was seized with dysentery, which terminated a life of great promise for usefulness, on the 10th day of August, 1824.

Over his remains, in the cemetery of the Presbyterian church at Greenwich, is a handsome monument, bearing the following inscription:

To the memory of
WILLIAM HOLLINSHEAD McCALLA, M.D.,
Who departed this life August 16th,
1824,
Aged 32 years, 3 months.
In his family he was happy,
And exceedingly and deservedly dear
to all his relations,
to the afflicted survivors of which
his loss is irreparable.

Distinguished for true Christian piety, he possessed
a kind and affectionate heart,
A tranquility and cheerfulness of temper,
Inspiring hope and overcoming grief under affliction,
In the most pious and cheerful resignation.
As a Physician,
He was enlightened, vigilant and humane;
As a man—as a Christian,
He was
Universally respected,
Universally regretted.

JACOB EGBERT was born in Hunterdon Co., near Flemington, N. J., on the 25th day of December, 1771. He was brought up there with his father, and entered the Methodist ministry at about the age of twenty-one or two. He continued in the ministry as an itinerant preacher for several years; but little or nothing is known of his ability or success in the sacred office. He removed to Port Elizabeth, in Cumberland county, married, commenced the study of medicine, and was licensed to practice the same on the 24th day of May, 1805. After practicing at the Port a few years, he removed to Cedarville, and succeeded the late Dr. Azel Pierson, living in the house on the main stage road, known as the "Old Parvin House." Here he practiced medicine 60 years ago. The oldest citizens now living can furnish but few recollections of Dr. Egbert, worthy of record. It is related that an exceedingly bad case of compound fracture occurred in Fairfield, which was successfully treated by the doctor, and served to give him a local reputation as a surgeon.

Having sold his property to the late Dr. James B. Parvin, he removed to Pemberton, N. J., where he became engaged in agricultural pursuits, giving a part of his time, however, to the practice of his chosen profession. He died at Pemberton, in the autumn of 1831, leaving but little property to his descendants.

BENJAMIN VAN HOOK practiced medicine forty years ago, at Port Elizabeth. He was contemporaneous with Dr. Benjamin Fisler. He probably had a certificate of license from the State. He acquired a large practice, and is spoken of as a man well deserving the respect and confidence of his fellow-citizens. He was very easy in his manners, and pleasant in his address; a believer in the old couplet—

"A little nonsense now and then,
Is relished by the best of men."

He was uniformly good-humored, and full of fun. This increased very largely his popularity among the people. But he was likewise a man of excellent good sense, and this good sense was manifested, not only in the practice of medicine, but in his intercourse with men, and the transactions of every-day life.

He was a brother of Dr. Lawrence Van Hook, who has been already noticed in this work, and both were sons of David Van Hook,—the latter also professed to be a physician, and carried around a few herbs for the relief of pain, but was only employed in cases of necessity.

Dr. Benjamin has been dead more than thirty years, and the grass grows green upon his grave.

WILLIAM GARRISON was the son of Dr. John Garrison, and a young man of much promise, and of more than ordinary ability. His manners were prepossessing, and his character beyond reproach. These, together with his amiability of disposition, rendered him a favorite in the circle of his acquaintance. He began the study of medicine with his father, and graduated at the Jefferson Medical College of Philadelphia, in or near the year 1835. He was a devotee to the profession of his choice. His intense love for the science, and his habits of continual application, superadded to an already delicate constitution, very soon broke him down physically, and carried him to the grave early in life.

After his graduation he settled in Bridgeton, and began the practice of medicine. He seemed to ingratiate himself at once into the good opinions of the people, and very soon found his growing practice too much for his failing strength. He then started a small drug store on Pearl street, near the new bridge, in an old red building which has since been replaced by a more modernized structure. But change of business did not stay the progress of his disease. Consumption claimed him as a victim. He died, lamented by those who knew him. One of the old physicians of the county, and a member of this Society, has but recently told the writer that Dr. William Garrison, had his life been spared, would at least have become one of the leading physicians of Bridgeton, and might have attained a position of distinction in the profession which he so much loved. He lived—he died—and the song of earth is ended.

GEORGE SPRATT was a native of England. He was a clergyman in connection with the Baptist denomination, and was, in 1828, chosen the first

pastor of the Second Cohansey Baptist church, of Bridgeton. He is said to have been a man of considerable intelligence, an acceptable preacher, and a worthy citizen. During his residence in Bridgeton, he established a small drug store on Pearl street, and had a limited practice as a physician. It is not known that he held a diploma from any medical school, and indeed his knowledge of the theory of medicine is believed to have been vague. His acquaintance with the materia medica enabled him to prescribe with some success, in slight derangements of the system. The writer has been told that he depended very largely upon roots and herbs, in the treatment of disease. He remained in Bridgeton but a few years. His subsequent history is unknown.

WILLIAM D. E. BROOKS was born February 10th, 1813. His father, Jonathan Brooks, was for a number of years the jail-keeper in the town of Bridgeton. The son is supposed to have enjoyed very good educational advantages. While yet young, he became the teacher of a primary school in the village of Cedarville; and while engaged in teaching, his attention was turned to the study of medicine. He entered the office of Dr. Eli E. Bateman, as a pupil, and subsequently matriculated at the medical department of the University of Pennsylvania, from which institution he received the degree of "Doctor of Medicine." He began the practice in the city of Philadelphia, and had for several years an office near the Navy-yard. He is said to have been frequently called upon to dress the wounded of the Navy, and thus acquired some local reputation as a surgeon.

Those who remember Dr. Brooks, speak of him as always exceedingly delicate, hardly fitted physically for the arduous work of a physician; and having, moreover, an hereditary predisposition to phthisis, he very soon ran into a decay, and died while yet young. He was a worthy member of the Methodist church, and seems to have been a favorite with the clergy of that denomination, two of whom very materially aided him in the beginning of his professional career.

On a small stone in the grave-yard of the Bridgeton Methodist church, we read the following inscription:

DR. WM. D. E. BROOKS,
Son of Jonathan and Elizabeth Brooks,
Born February 10, 1813,
Died October 4, 1841.

HOLMES PARVIN was born in Cumberland county, New Jersey, Decem-

ber 7th, 1794. After receiving an English education in his native county, he commenced the study of medicine in 1813, having access to the libraries of Professors Chapman and Wistar, of Philadelphia, and attending the medical lectures of the University of Pennsylvania, where he graduated in 1815. He then began the practice in Deerfield, in this county, and continued there until 1829, when he emigrated to the West. In 1830 he settled in Cincinnati, and soon acquired an extensive practice. In 1836 he abandoned the practice of medicine, and engaged in other pursuits, chiefly that he might have more leisure to investigate his favorite science of electricity.

Long before Professor Morse's name had any connection with the telegraph, Dr. Parvin had commenced, and so far perfected his instruments, as to communicate with adjoining rooms. All he needed was funds to carry on his experiments. When upon this subject he would say to his friends that we should at some future day communicate with our distant acquaintances by means of electricity. Many of his most intimate friends thought him mad. Determined still to continue his experiments, and desirous of an opportunity to explain his theories to scientific men in the East, he removed in 1838 to Philadelphia. His health, however, failed him soon after his arrival in the latter city, and obliged him to give up this darling object of his life.

Dr. Parvin married and had two children, one of whom was the late Rev. Robert J. Parvin, who perished in the flames of a burning steamer on the Ohio river. In 1841 the doctor returned to Cincinnati in feeble health, and died February 6th, 1842.

GEORGE O. TRENCHARD was born November 9th, 1799, and died November 28th, 1853. He graduated from the medical department of the University of Pennsylvania in the year 1818, practiced in Newport, N. J., a few months, then removed to Millington, Kent county, Md., in which county he practiced medicine about twelve or thirteen years. He was married in May, 1819, to Mrs. Ann M. Deford, a native of Maryland. He had nine children, six of whom are living. His parents' names were Curtis and Ruth. In personal appearance, he was tall and straight, with a commanding presence, not handsome, but having a thoughtful expression. He was energetic, firm and decisive. Although reserved and proud-spirited, he was genial and hospitable. Just and upright in his dealings, he was extensively trusted and his word relied upon. He was one of the leading members, and a Ruling Elder of the Presbyterian church in his adopted State, and died in the faith of the gospel of Jesus Christ. At his death he was largely engaged in agricultural and mercantile pursuits.

BENJAMIN FISLER, the son of Jacob and Sophia Fisler, was born in 1769. The parents were natives of Switzerland, and came to this country in their youth. After their marriage, they settled in a place in South Jersey, which they named Fislerville, now known as Clayton. Benjamin was the last of a family of eleven children, all of whom, except one, lived to a good old age, their ages making an aggregate of 883 years. His brothers, Captain Felix Fisler, Jacob and Leonard, did good service in the war of the Revolution, and labored with other noble spirits in guarding the Delaware shore against the incursions of the British troops.

It is not certainly known where or with whom the doctor studied medicine. He was undoubtedly a very intelligent physician, and had very thoroughly prepared himself, by years of study, for the prosecution of his profession. He settled in Port Elizabeth in 1798, and was the leading, and most of the time the only physician in the place, for about fifty-five years. In 1791, before his settlement in Port Elizabeth, he was admitted to the ministry, in connection with the Methodist church, and was for a time a missionary to Nova Scotia. Judge L. Q. C. Elmer, in his "History of Cumberland County," in speaking of Dr. Fisler, says: "In 1798, Dr. Benjamin Fisler who commenced his ministry in 1791, and preached in Camden, and in 1797 traveled on the Salem circuit with William McLenahan, which included Salem, Cumberland, Cape May, and a considerable part of Gloucester county, on account of his feeble health, located at Port Elizabeth, where he was an acceptable local preacher for half a century. He was an intelligent man, who had read a good deal, and although a firm believer in the doctrines taught by Benson and Watson, had no respect for Dr. Clark's commentary, which he thought contained many dangerous errors. He once told the writer he would not allow Clarke's Life of the Wesley Family, interesting as it is, to be read by his children, on account of the currency it gives to the story of the ghost, thought to have haunted the house of John Wesley's father, which practiced rappings something like those made by the modern spiritualists. In those days ghosts were received with more credit than now; Wesley's belief in them having influenced many of his followers."

Says a relative still living: "Notwithstanding his engrossing cares as a physician, he was generally found at his post as a preacher." His last sermon was preached but a few days before his death, and the text was a part of the address of Isaac to his son Esau, as recorded in the second verse of the twenty-second chapter of Genesis, to wit: "I am old, I know not the day of my death." He had already attained his eighty-fifth year, the infirmities of age were upon him, he felt that he was growing old, and he

knew that the day of his death could not be far distant. And thus it was.

God called him home by no lingering illness. How beautifully were the words of inspiration fulfilled: "Thou shalt come to thy grave in a full age, like as a shock of corn cometh in in his season."

HENRY HAMPTON is very generally remembered by our oldest citizens, as a practicing physician in the townships of Fairfield and Downe. He lived in those early days when the country was but sparsely settled, and, as a consequence, his practice extended for many miles. He is not known to have been a graduate of any medical school, and very probably received his diploma as a physician from the State of New Jersey. He is spoken of as a man of abrupt and imperative manner, but in whom the people seemed to have considerable confidence as a doctor. It is related that he was in the habit of ordering his horse fed while prescribing for his patients, and would often say to the mistress of the house: "I am quite hungry, and would be obliged to you for my dinner." The mistress forthwith, *nolens volens*, prepared a repast, and the famished doctor took his departure refreshed. We wonder, as we write, how such a habit would be tolerated in these more modern times. Would not the physician now much rather go hungry from door to door, in the prosecution of his profession, than shock the ears and offend the taste of a too supercilious etiquette, by asking for something to eat? And yet Dr. Hampton may be pardoned this breach of politeness, when it is stated that his practice, though large, was not by any means lucrative, and that, as a consequence, he often found himself in the most straitened circumstances. At one time he is said to have been so poor that he had no money to buy the medicines actually needed in the treatment of his patients. And his credit, like his exchequer, being bankrupt, he resorted to the novel method of making pills out of rye dough, and rolled them in pulverized chalk. He stated to an old citizen still living, that he had given many a dose of these rye pills, the administration of which was followed by the most happy effects. It reminds one of the old song, every verse of which ends with, "I think your husband would do well to take a dose of calomel." Calomel was the sovereign remedy in the song. Rye pills became a potent medicine in the hands of Dr. Hampton, for *necessitas non habet legem.*

The doctor built a house in Cedarville, on the ground now owned and occupied by Samuel Ewan, and continued to live there until his circumstances became so straitened that he was obliged to seek another and better field of practice. His house was sold, and having been moved into the vicinity of the Cedarville R. R. depot, was converted into a barn. The

doctor, with his family, then removed to Leesburg, where he spent the evening of his life, and fell asleep at a good old age.

SAMUEL MOORE DOWDNEY, the son of John Dowdney and Harriet Seeley, was born in the township of Stoe Creek, on the eleventh day of March, 1834. He obtained a good English education, and pursued classical studies to some extent, previous to placing himself under the direction of his relative, Dr. Thomas Yarrow, at Allowaystown, N. J., as a student of medicine. He commenced the study of medicine in the spring of 1852, and graduated at the University of Pennsylvania in the spring of 1855.

He first commenced the practice of medicine, associated with Dr. George Tomlinson, at Roadstown, and after a dissolution of partnership, continued his professional business in the same place, so long as physical ability enabled him.

Soon after commencing practice without a professional associate, symptoms of pulmonary disease made their appearance, attended, as is usual, with flattering prospects of amendment, alternating with depression from more unfavorable prognostics, until the last hope was extinguished, his young life worn away, and another of earth's bright, good and loved ones added to the long list of victims of pulmonary consumption.

Dr. Dowdney was a young man of more than ordinary promise. He loved his profession, studied its principles, and was strictly and conscientiously attentive to its duties. His person was prepossessing, his disposition amiable, his manners easy and courteous, and his morals unblemished. These qualities gained him the esteem and respect of the community, and their confidence in him as a physician. The morning prospect of success in his professional career, and of a life of usefulness and honor, was unusually bright, but soon overcast by disease, and extinguished by the night of the tomb.

He was interred in the cemetery of the Presbyterian church at Greenwich, where a monument to his memory is thus inscribed:

Here repose
the earthly remains of
SAMUEL M. DOWDNEY,
Born March 11th, 1834,
Died November 17th, 1861.

Though for a long time an invalid,
he bore his affliction with patient submission;
and when death came he yielded
his spirit with cheerful confidence into the
hands of his Redeemer.

"I was dumb, I opened not my mouth
because Thou didst it."

SAMUEL MOORE, son of Colonel David Moore and Lydia Richman, was born at Deerfield, Cumberland county, New Jersey, on the 8th of February, 1774. He was the brother of Dr. Jonathan Moore, of whom some account has been given. He graduated at the University of Pennsylvania in 1791, and was afterwards a tutor in that institution. He subsequently studied medicine, and received the degree of Doctor of Medicine from the same institution which had conferred on him the degree of Bachelor of Arts. He practiced medicine for a short time at Greenwich, New Jersey, and then in Bucks county, Pa. His health failing, he was advised by Professor Rush to make a sea voyage. He then engaged in the East India trade, and made several voyages to Canton and Calcutta.

"In 1808 he again settled in Bucks county. In 1818, while absent on business in the West, his fellow citizens nominated and elected him to a seat in the Congress of the United States. He was twice re-elected, and his ability as a representative in Washington, earned for him a reputation which probably contributed to his appointment to a still more important public trust. In 1824, President Monroe appointed him to the office of Director of the Mint. In the discharge of its duties he was faithful to the interests committed to his care, and enterprising in the introduction of every real improvement pertaining to the art of coinage. A prominent incident of his time of service in this capacity, was the transfer of the Mint from an old and contracted building to the spacious and elegant marble edifice in Chestnut street, Philadelphia, for which the necessary appropriations were obtained chiefly by his influence and exertions. At the time of his death, he and Professor Silliman, of Yale College, were the oldest members of the American Philosophical Society."

His wife was Mary Padgett, daughter of Robert Patterson, L.L. D., for some years Professor of Mathematics in the University of Pennsylvania, Director of the United States Mint, and President of the American Philosophical Society. Dr. Moore died on the 18th day of February, 1861, in the 88th year of his age. His beloved and congenial wife, with whom he lived in uninterrupted harmony for sixty-three years, followed him to the grave a few days after his own burial.

"Dr. Moore enjoyed, in a remarkable degree, exemption from the usual infirmities of age, and in both his physical activities and strong powers of mind, might readily have been taken as a much younger man." His character was a strongly marked one. Although singularly unobtrusive, his companionship was sought by his most intelligent contemporaries, and he always arrested attention by the justness of his views, his enlarged information, and

his remarkably pure and correct conversational powers. His friendship was warm and sincere, and those who had the privilege of an intimate acquaintance, knew that they could confidently rely upon him. Few men have lived so long, and yet so free from taint. His truthfulness, his integrity, his purity, were never brought into suspicion. He was a model man. He was a communicant of the Presbyterian church, and in his Christianity a Nathaniel without guile."

His remains were interred in the Woodlands Cemetery, Philadelphia, where a monument to his memory is thus inscribed:

DR. SAMUEL MOORE,
Born February 8th, 1774,
Died February 18th, 1861.
Director of the U. S. Mint 1824–35;
First President of the
Hazleton Coal Company, 1836–61.

"Pure, peaceable, gentle, easy to be entreated,
full of good fruits,
Without partiality, and without hypocrisy."

"The blessing of him that was ready to perish came upon him, and he made the widow's heart to sing for joy."

"Mark the perfect man and behold the upright; for the end of that man is peace."

CHARLES SWING, eldest son of Michael Swing and Sarah Murphy, was born in Fairfield township, Cumberland county, about the year 1790. His father was a prominent citizen of Fairfield, for many years a local preacher in the M. E. Church, and, indeed, was regarded as the founder of Methodism in the southern part of the county of Cumberland. The son was blessed with the example and instruction of godly parents. Early in life he manifested a love for literature, and after finishing the course of study at the village school, he employed his leisure moments in reading such scientific works as he was able to command. He not only employed his *leisure* time in this way, but was known often to take his books with him into the field, and when following the plow would hold the reins in one hand and his book in the other. His father used to say that Charles' habits of study when plowing made the horses so lazy they would not work. This anecdote reminds us of Burns, Coleridge, and many others, who composed some of their finest poems while at work in the fields.

While engaged in agricultural pursuits, he began the study of medicine, under the tuition of the late Dr. Wm. B. Ewing, of Greenwich, walking once

in a fortnight from his home in Fairfield to the residence of the doctor—a distance of many miles—in order to recite his appointed task, and receive assistance in the further prosecution of his studies. He was an apt student, and when he graduated from the University of Pennsylvania, was thoroughly furnished for the responsible work of a physician. The first year after his graduation, he practiced in connection with his preceptor at Greenwich, but the year following transferred his residence to Salem, and entered into partnership with the late Dr. Archer. Several years thereafter he married a Miss Mary Lambson, of Penn's Neck, who was possessed of a very handsome patrimony. Dissolving his partnership with Dr. Archer, he began the practice in the latter village, and remained there for several years, until the death of his wife. Some years later he removed to Sharptown, and was married a second time, to Mrs. Hannah Ware, of Salem. Here he continued to reside until his death. He had a family of children, many of whom are still living, and two of whom are married to ministers connected with the New Jersey Conference.

The doctor was short in stature, portly in person, and always exuberant in spirit. He was very popular as a physician, acquired and retained an extensive practice, and had the reputation of being an excellent prescriber and a good accoucher. He was frequently called in cases of consultation, and was always gentlemanly in his bearing toward his professional brethren.

The study of medicine still continued to be, even in old age, his pastime and his delight. Living in the vicinity of Philadelphia, he made it a point very frequently to attend the lectures of his alma mater. The writer remembers Dr. Swing some twelve years ago, in the amphitheatre of the University, intensely listening to every word as it fell from the lips of the professor of anatomy and surgery. He thus kept fully abreast with the improvements in medicine, and was justly regarded as one of the best informed practitioners in the southern part of the State of New Jersey.

At the age of 70 he was seized with paralysis, and after a few days' illness, death claimed him as his own.

> "We must all die!
> All leave ourselves, it matters not where, when,
> Nor how, so we die well."

WILLIAM F. LOPER, son of Dr. James Loper, was born in Millville, New Jersey, July 18, 1839. His early educational advantages were excellent. After finishing a preparatory course at the West Jersey Academy, he entered the Freshman class of Princeton College in 1857, and received the

degree of B. A. in 1861. He began immediately the study of medicine, in the office of his father, matriculated at the Jefferson Medical College in 1861, and graduated in March, 1863.

He was a young man of much promise, and thoroughly prepared for his life-work. He entered upon the practice of medicine in his native town with raised expectations. But alas! his sun went down while it was yet day. Feeling indisposed, he took a dose of what he supposed to be the mild chloride of mercury, and his symptoms becoming alarming, the medicine was examined and found to be arsenious acid, put into the bottle marked as above through the carelessness of a druggist. The life of this young promising physician was the forfeit. He died January 15, 1864. His body is interred in the cemetery of the Presbyterian church of Pittsgrove, and a beautiful monument marks his resting place.

"He gave his honors to the world again,
His blessed part to heaven, and slept in peace."

WILLIAM BACON was born in Greenwich, Cumberland Co., N. J., June 20, 1802. His parents died during his childhood. Possessing a patrimony, he acquired an English education, and made proficiency in some of the higher branches of learning. He began the study of medicine under the tuition of Dr. Daniel Bowen of Woodstown, and attended lectures at the University of Penn., where he graduated in 1822, at the age of twenty. He commenced the practice at Allowaystown, Salem county, in the same year, and was married in January, 1823, to a Miss Ray of Philadelphia. They were the parents of eight children, five of whom are still living, and one of whom is the present Dr. Stetson L. Bacon, of Port Norris.

Shortly after his marriage, Dr. Bacon's mind became deeply impressed with the subject of religion, and feeling himself called to preach the gospel, he entered the ministry in connection with the Baptist denomination, and was for a number of years engaged in evangelistic labors. He was a successful Pastor of the churches of Pittsgrove, Woodstown, and Dividing Creek. He accepted the pastorate of the church of the latter place in 1838, located at Newport, and continued his ministerial labors for eleven years, yielding at the same time to the demands of the people as a practitioner of medicine. Public speaking having invited a laryngeal affection, he was obliged to resign his charge, and restrict his labors to the practice of his original profession.

For eleven successive years he was Town Superintendent of Public

Schools. In 1860 he was elected to represent his district in the Legislature of New Jersey, and re-elected in 1861. He continued the practice of medicine until within a few days of his death, and gently fell asleep, February 26th, 1868, in the 66th year of his age.

The History of the Medical men, and of the District Medical Society of Cumberland county is now finished. The historians have endeavored to perform the work entrusted to them with fidelity. It has proved to be a tedious, laborious, and often discouraging work. And yet there is a mournful pleasure in writing the Biographies of those noble men who have preceded us in the practice of medicine. These Biographies have seemed to introduce us to the men themselves, and calling them back again from the spirit-world, clothed with flesh, and animate with life, they have talked with us of the long ago, while we traced upon paper the record of their lives. Noble men! Martyrs to the cause of a suffering humanity! *Requiescat in pace.* Rest in peace until the archangel's trump shall wake the sleeping dead, and the hand of the great Physician shall place upon your brow the fadeless crown of Life, and the voice of Love shall bid you welcome to the rest of Heaven!

The prosecution of this work has taught us how very soon the world forgets its kind and loving benefactors. The physician wears himself out in the practice of his profession, dies prematurely of disease induced by fatigue and exposure, and hardly have a decade of years passed away ere it is quite impossible to arrive at anything definite and satisfactory concerning his history. The world simply remembers his name. And yet why should it be otherwise? Only one leaf from the forest has fallen—only one sand from the sea shore

removed. The machinery of life has not been seriously disturbed by his death, and the world moves on as before.

"The gay will laugh when he is gone,
The solemn brood of care plod on,
And each one, as before, pursue
His phantom."

Our lives are measured not by the swinging of the pendulum, or the beating of an artery. That life alone is long that answers life's great end. The object of human existence is nothing less than to glorify God in this world, and enjoy Him forever in the world beyond.

Arnulph was preparing himself for the work of a physician. One day he came to his father and said, "Let me go into the cloister and serve God." His father replied, "Thou doest well to serve God. As a physician thou mayest serve Him and thy fellow-men also."

That night Arnulph had a vision, and lo! an angel with each hand full of roses.

"And why," asked Arnulph, "are the roses in thy left hand scentless, while those in thy right hand are so full of fragrance?"

And the angel answered, "in my left hand are the offerings of those who would serve the Heavenly Father without serving His children. In my right hand are the offerings of those who serve God *and* their fellow-men. As a physician thou mayest serve Him and thy fellow-men, also."

NOTES OF COUNTRY OBSTETRIC PRACTICE.

By Charles Hasbrouck, M. D.

Many years ago I commenced keeping notes of all my midwifery cases; and this practice I have continued until the present time. This record of my experience in obstetric practice was begun and has been continued without any reference to its publication, simply for my own gratification and private use. Recently, however, it has occurred to me that it might perhaps be of some interest to the profession, as a slight contribution to the statistics of private obstetrical practice; and I have therefore prepared an abstract of it, with the intention of presenting it to the Society, provided nothing of greater importance was offered to take up the time of our meeting.

At the present time, May 1st, 1871, my record contains concise reports of 1151 births in 1135 consecutive cases of labor at or near the full time of utero-gestation—not of selected cases of unusual interest, but of all cases as they successively occurred in my practice. And hence, although the whole number of cases is perhaps too small to be relied upon as a basis for correct generalization, nevertheless, they may safely be accepted as a tolerably correct exposition of village and country midwifery practice.

The facts which I have briefly noted in my record of cases are: the number of the case; the names of my patients; the number of the labor; the number of children at a birth; the presentation; the sex of the child; the duration of the

labor; the time of delivery; the accidents, &c., complicating the labor; and its mode of termination. In giving an abstract of these cases, I will follow the same order, so far as it may be practicable or proper.

Passing by the names of the women, as a matter of no practical value, I will in the first place state, that of the 1135 labors, there were of primiparæ 285, and of multiparæ 850; or to be more precise, there were of—

Number of the Labor.	Number of Cases.	Number of the Labor.	Number of Cases.
1st.	285	8th.	25
2d.	221	9th.	17
3d.	192	10th.	6
4th.	143	11th.	3
5th.	112	12th.	6
6th.	70	14th.	1
7th.	40	not noted.	14
Total number of cases of labor,.			1,135

In a community like that in which I am located, made up in good part, and until recently almost entirely, of the descendants of the original settlers of the country, there are always many persons bearing the same name; and it is therefore impossible for me to state with accuracy the number of women among whom these 1135 labors occurred. But as may be seen from the above, the ratio of primiparous, to the whole number of labors, is as one to very nearly four; and from this it will appear that the natural increase of population will average about four labors to each child-bearing woman.

NUMBER OF CHILDREN.

The next fact noted in my record has reference to the number of children born, and the relative frequency of single and plural pregnancies. The following is the result, viz:

Of single births	1,120	Number of children	1,120
Of twins	14	" " "	28
Of triplets	1	" " "	3
Total labor cases	1,135	Total number of children	1,151

Ratio of twin cases to whole number of labors..... 1 to 81 1–14
Ratio of plural cases " " " ..... 1 to 75¾

On enquiring into the relative frequency of plural births in first and in subsequent labors, I find that in my practice the excess has been slightly in favor of first pregnancies, as follows, viz:

Of primiparæ	285 cases.	Plural cases in do	4, or 1 in 71¼
Of multiparæ	850 "	" " "	11, or 1 in 77 2–11
Total	1,135 cases.	Plural cases in do	15, or 1 in 75¾

The only case of triplets in my experience occurred in a fourth labor, in a woman of about 30 years of age. This woman by the way, affords a most remarkable instance of female fecundity, or of impregnating power on the part of the male, I do not know which. She was a native of Holland, and in her first and second labors was delivered of single children. In her third labor, which occurred within four years of her first, she was delivered of twins; and fifteen months afterwards, in her fourth labor, she had triplets, making a total of seven children in five years. The husband of this woman also was a native of Holland, named Peter Van Kinderen. Now "*Van Kinderen*" translated into English, as some of you may be aware, is literally "*of the children*," and if we give to the first *e* in Peter, its true Holland sound,

the sound of *a* in Latin, we then have "*Pater van Kinderen*," or "*the father of the children*,"—a name to which, by the way, I think he was abundantly entitled.

These triplets averaged five pounds in weight at birth, were well developed, did well for several days, and gave every promise of being successfully reared. But in the second week, the woman was taken with crural phlebitis and was very ill. The children in consequence were deprived of their natural nourishment, got stomatitis, diarrhœa, &c., and died within the month. The mother recovered, and soon after the family removed beyond my "ride," generously forgetting to compensate me for my services. Whether they still maintain their reputation as breeders, I cannot say.

PRESENTATION.

This I find noted in 1138 cases, as follows, viz:

Presentations of the vertex	1,578	cases.
" of pelvis, or pelvic extremities	47	"
" of shoulder or trunk	9	"
" of the face	4	"
" not noted	13	"
Total number of children	1,151	cases.

Of the vertex presentations, two were complicated with placenta previa; one with prolapse of the funis and descent of the hand; one with descent of the hand; and one with prolapse of the funis alone. Of the breech cases, two also were complicated with prolapse of the cord.

From the above it will be seen that one face presentation occurred in every $287\frac{3}{4}$ births; one case of presentation of the pelvis or pelvic extremities in every $24\frac{23}{47}$; and one shoulder or cross presentation in every $127\frac{5}{9}$ births.

In the twin cases, of the 28 children, 17 presented the

vertex; 10 the pelvis or pelvic extremities, and one the shoulder. In five cases, both children presented the vertex; in two cases both presented the breech or pelvic extremities; in six cases, one child presented the vertex and the other the pelvis or pelvic extremities; and in one case, one child presented the vertex, and the other the shoulder. In the case of triplets, the presentation was not observed, the last child being born without assistance, just as I entered the room.

SEX.

The sex of the child I find noted in 1,111 children, of whom 567 were males, and 544 females; excess of males at birth 23, or about 4 per cent. It is a little curious, however, that in the plural births in my experience, this general rule is reversed, and females are largely in excess. Thus, of the 31 children of plural pregnancies, my record shows that 22 were females, and only 9 males. The following table shows the sex of multiple births, and also the number of cases in which the children were of the same, and of opposite sexes.

	Number of Cases.	Number of Children.	Males.	Females.
Twins....	8	16		16
Twins....	3	6	6	
Twins ...	3	6	3	3
Triplets ..	1	3		3
Total...	15 Cases.	31 Children.	9 Males.	22 Females.

DURATION OF LABOR.

From the commencement of the pains until the delivery of the child, I have noted 1,100 cases; and I have found it to

vary from one hour to 96 hours. Both the longest and the shortest labor occurred in the same woman; her first labor lasting 96 hours, and her second, scarcely an hour. But there seems to be a law of compensation in nature. From her first labor, this woman recovered rapidly and entirely. From her second she convalesced slowly and with difficulty, and with symptons of leucorrhea, weak back, and other evidences of uterine relaxation.

TIME OF DELIVERY.

As a matter of curiosity I have noted the time of delivery, or rather the exact time of the child's birth, in 1104 cases; from which it appears that a majority of children are born in the first half of the day, or between midnight and noon; 592 births being recorded as having occurred within the first half, and 512 as within the latter half of the 24 hours; or between midnight and 6 o'clock a.m., there were 327 births; between 6 a.m. and noon, 265; between noon and 6 p.m. 258; and between 6 p.m. and midnight, 254; total, 1104.

ACCIDENTS AND COMPLICATIONS.

There are many minor difficulties attending even the simplest cases of natural labor, which, with time and patience, will usually be overcome by the unaided efforts of nature; but which, at the same time, may generally be promptly remedied by a little judicious interference. But during the whole of my medical pupilage, I was educated into a perfect horror of everything like meddlesome midwifery: and for a long time, in the early part of my professional life, I was restrained, by the fear of doing too much, from doing what was really necessary and proper. The fact that "*labor is a law of God, and comes at its appointed time,*" as was taught by

Avicenna, centuries ago, seemed to be regarded by the profession generally, as proof that the accoucheur had but little to do except to watch the operations of the law: "Parturition is not a pathological, but a physiological process; and any interference with the natural processes is always unsafe, and generally injudicious." "In most cases of tedious or impeded labors, the remedy most needed is the *tincture of time.*" "It requires more knowledge *not to be officious*, than falls to the share of many of those who practice midwifery." "Never carry your forceps with you when called to a case of labor, for fear that you may be prompted to use them unnecessarily." Such maxims as these, scattered all over through the books, and constantly reiterated in the lecture room, acting upon my nervous and perhaps too cautious temperament, finally developed a degree of timidity that almost entirely unfitted me for the simplest duties of the lying-in room. Indeed, so thoroughly was I impressed with these teachings, that in many cases of excessive rigidity of the soft parts, or unusual toughness of the membranes, &c., in the early part of my practice I always left my patients to the unaided efforts of nature; thus wasting much valuable time, and permitting the woman to suffer many hours of agony, which, I have since learned, might have been, and *ought to have been*, avoided.

There are many cases, for example, in which the labor is rendered tedious and difficult, from relaxation of the abdominal walls or a pendulous belly, in which the vertex cannot engage in the pelvic canal, simply because the direction of the uterine efforts is not perpendicularly to the plane of the superior strait, but towards the sacral promontory; and in which the whole difficulty may be promptly remedied by placing the woman upon her back and having the uterus properly supported. So also in other cases, the vertex will

descend covered by the anterior lips of the os uteri, seriously retarding the delivery, when by a little judicious support to the part during the pains, and a little backward pressure in the intervals, we may often obviate the difficulty in a few minutes, and very materially hasten the delivery. Then again, it is a very common thing for labor to continue, even for hours, after the full dilatation of the os uteri, without any change in the character of the pains, or the progress of the case, simply because from the toughness of the membranes, or the inefficiency of the uterine contractions, the waters do not break after they have fulfilled their proper physiological purpose. In these cases, the pains will at once become expulsive, and the labor progress rapidly to a favorable result by simply puncturing the membranes. And in presentations of the breech or pelvic extremities, there are but few cases in which some assistance is not needed in the delivery. Several cases have occurred in my own experience in which, on my arrival, I have found the child's body lying between the mother's thighs and its head in the vagina—dead of course, for want of a very little assistance. In other cases I have been sent for where the attendant had failed to deliver the child's head, because instead of whipping its body quite over the woman's belly, and thus making his traction in a line with the pelvic outlet, he had drawn downwards and backwards in the direction of the perineum and anus; and at least two cases have occurred in my own practice, in primiparæ, in which, failing to deliver the child's head promptly, I have inserted my fingers and part of my hand into the vagina, and and by pressing back the perineum, permitted the child to breathe before its complete birth. These two cases, by the way, and two or three others that I have seen, in which, in vertex presentations, the child evidently lived and breathed after the delivery of the head, and yet died subsequently

during the passage of its chest and body, have strongly impressed my mind with the utter worthlessness of the hydrostatic test as a proof of the woman's having been delivered of a living child.

Of these and many other minor difficulties attending even natural labors, I have made no note; although they are really of much greater practical importance than most teachers of obstetrics seem to be aware. In my own experience they have occurred so often, that I soon learned to meet them very much as a matter of course; and I have therefore only noted those graver accidents and complications which called for prompt and energetic interference. And first of these in importance perhaps is

HEMORRHAGE.

As an accident attending abortions, particularly in the earlier months, profuse hemorrhage is by no means uncommon. So also during and after the delivery of the placenta. But in labors at or near the full period of gestation and before the birth of the child, hemorrhage to an alarming extent is, in my experience, one of the rarest accidents of parturition.

In my record I have only noted those cases of this complication in which the loss of blood was so profuse as to show itself in sighing, rapid and feeble pulse, intense thirst, gaping, throwing the arms about, &c.; symptoms which, whenever they occur, demand instant attention and prompt interference. Of such cases I find that I have recorded forty; of which five occurred before the delivery of the child, and thirty-five after. Of the five cases of ante-partem hemorrhage, two were cases of *placenta previa*, and three occurred in premature labors at the eighth and ninth months. One of these last was a case of *concealed hemorrhage*, the woman having all the symptoms of excessive loss of blood for

twelve hours before there was any external flow. The placenta in this case, on its delivery showed over nearly all its uterine surface, a large and oldish clot. In this case, the hemorrhage, as soon as it became external, was promptly and entirely arrested by the tampon. Unfortunately, however, labor set in eighteen hours afterwards, before the patient had rallied from her excessive prostration; and although the blood subsequently lost was of very trifling amount, it was sufficient to destroy life. The only other case of fatal hemorrhage in my experience, was in a case of *placenta previa*, the patient living several miles from my residence.

Of the thirty-five cases of post-partem hemorrhage, only two required the introduction of my hand to bring about uterine contraction. The others were all successfully treated by external *manual* support to the flabby uterus, and the free administration of ergot and opium; the latter in the form of tincture or the liquor opii compositus, since this preparation has come into general use. In one of these cases, I must have torn off and left in the uterus a piece of the placenta, without being aware of the fact until it was expelled a fortnight afterwards. In consequence of this accident, *this woman very nearly flooded to death.*

CONVULSIONS.

Convulsions occurred in twelve cases, nine of which were in my own private practice, and three were seen by me in consultation. In three of these cases, the convulsions came on respectively six, eight and forty-eight hours before labor set in; in five cases, during labor; and in the remaining four cases, from one hour to six hours after delivery. In two cases there had been no previous evidence of uremic poisoning; but in the other ten cases, the convulsions were undoubtedly of uremic origin. All the cases which occurred before labor and

after delivery recovered. Of the five cases in which the convulsions came on during labor, two recovered and three died —all the three fatal cases, singularly enough, being those I saw in consultation practice.

In the eight cases in which the convulsions came on before or during labor, the modes of delivery were as follows, viz:

By the unaided uterine contractions,	In 4 cases.
By the ergot,	In 1 case.
By the forceps,	In 3 cases.
Total,	8 cases.

Of the five women who recovered, three were delivered naturally; one by the ergot, and one by the forceps. Of the three who died, one was delivered naturally, and two by the forceps. Only one child was born alive, and in this case the delivery was effected by the unaided natural efforts.

A recent paper on "*Blood-letting as a Therapeutic Resource in Obstetric Medicine*," by Professor Barker, has given rise to a good deal of discussion lately; more particularly as to the value of blood-letting in the treatment of puerperal eclampsia. My own practice in this disease has always been to bleed *very freely*, a practice based upon the maxim of Dr. Gooch, that we must "*take care of the brain, and let the womb take care of itself.*" This precept, it is true, was originally based upon mistaken ideas as to the pathology of puerperal convulsions; but it does not therefore follow that the practice itself is either improper or even irrational. Its propriety is simply a question of facts. And as for the rest, even if the apparent cerebral congestion be due to a primary renal lesion, or to the poisonous accumulation of urea in the blood resulting from it, is there any mode of ridding the system of this poisonous excess of urea, so prompt, or so certain, as by the direct abstraction of blood?

And in these cases we must remember, as was suggested

by *Professor Jacobi*, that the question is not how will the woman be a week or a month hence? but will she live a day, or an hour?

In all my own cases, as I have already stated, I bled *very freely*. Indeed, I never in all my life, bled as freely in any other class of diseases; *and my own patients all recovered.* In one case—my first case—my record states that I took sixty ounces of blood at once, and afterwards bled a second time. And I recollect that this was by no means a very robust, nor a very plethoric woman. In another case, in which the woman was suddenly seized with terrible pain in her head, nausea, vomiting, &c., and soon afterward went into a convulsion, my record says that "as soon as the fit passed off, I opened a vein by a large incision, and drew blood until the pulse became indistinct. I do not know how much; I did not notice it; it was a very large quantity. She remained comatose about fifteen minutes, when she opened her eyes, looked up at me, and asked, '*Doctor, what has helped my head?*'" In another case my notes say that I bled to the extent of ℥ xx., and repeated it, making forty ounces in all. In another I drew ℥ xxiv., in another ℥ xl., in another ℥ xxxii., and so on. Even in a case where the convulsions had long been imminent, and finally set in forty-eight hours before labor began, in a pale, but rather plethoric woman, whose blood was evidently much impoverished by several weeks of albuminuria and general anasarca, the vertigo, headache, double vision, etc., were twice promptly relieved, and the threatened convulsions averted for the time at least, by the extraction of from six to eight fluid ounces of blood; although at the same time I deemed it necessary to give—and, in fact, had for some weeks been giving—iron, quinia, etc., as general tonics.

In this connection, however, it is but proper to state, that the three fatal cases seen by me in consultation practice, had

also been bled "*freely*," before my arrival. In one of these cases, the very judicious practitioner who was in attendance writes to me, that he bled twice—the first time to the extent of ℥ xvi., and the second time ℥ xii., or ℥ xxviii. in all. In another case, he also bled to the extent of ℥ xvi. In the third case, the physician in attendance informed me at the time that he "*had bled her freely*" before my arrival. These three cases all occurred in short, stout, thick-necked, and plethoric women. Whether I would have bled them more freely had I been earlier present, it is of course impossible for me to say, and therefore improper for me even to suggest.

PLACENTA PREVIA.

As already stated, two cases of placenta previa have occurred in my experience, both of which were fatal to the child, and in one of which the woman also died from loss of blood. In this case the patient had lost an immense amount of blood before my arrival. The nature of the case was detected at once; and as the os uteri was not yet dilated, I immediately applied the tampon. This restrained the hemorrhage *at once and effectually*, until the pains became expulsive, when I removed the tampon, and delivered immediately by podalic version. Very little blood was lost in the operation, but that little was sufficient, with what she had previously lost, to destroy life. In the second case, the delivery was also accomplished by turning. The child was dead, but the woman recovered.

PROLAPSE OF THE FUNIS

Occurred in four cases; twice with presentation of the breech, once with the vertex, and once with the vertex complicated with the descent of a hand and forearm. Only one

of these cases occurred since the postural method of treating this accident became known to the profession. In this case I tried it, but failed, probably because I did not keep the woman long enough upon her chest and knees. In no case did I succeed in permanently returning the cord; and in only one case was the child born alive—the favorable result in this case being due, not to any skill of mine, but to the unusually rapid progress of the labor after the membranes gave way.

THE CORD ENCIRCLING THE CHILD'S NECK AND BODY

is an accident of very frequent occurrence, and in most cases is easily remedied, either by drawing down a loop of the funis and slipping it over the head, or, failing in this, by slipping it over the shoulders and allowing the child to pass through it. In some cases, however, I have failed in both these expedients, and have then been obliged to insinuate the blade of a scissors between the neck and cord, and to divide the latter before delivery. In a few instances of this accident, I have known the child's head to be drawn up over the pubes, and the delivery of the body effectually prevented by this cause.

IMMOBILITY OF THE COCCYX

I have found an obstacle to delivery in two cases. In both these cases the pains were good, and in both it seemed to me that a little more energetic contractions would overcome the obstruction; and as both cases occurred in the early part of my professional life, I gave the ergot in both. The ergot produced its full oxytocic effects in both instances, and in one, the delivery was thus effected; but in the other case, the continuousness and terrible violence of the uterine contractions alarmed me, and I hastened to deliver with the forceps. This was my first forceps case. Both children were born alive, but

both of them bore for a day or two, the marks of the coccyx upon their foreheads. No other case of pelvic contraction, sufficient to interfere with delivery, ever occurred in my experience.

PELVIC TUMORS,

I have observed in two cases to interfere with labor. One of these was a tumor of fibrous feel, attached to the anterior lip of the uterus, and extending thence along the course of the urethra. The tumor was about as large as a small hen's egg, and seriously obstructed the dilatation of the os. Before the dilatation was sufficient to permit the passage of the fœtal head, the pains became violently expulsive, and the vertex descended, covered by the anterior lip of the uterus, until the tumor itself engaged under the pubes. By supporting the parts during the pains and gradually pressing them back in the intervals, the vertex finally descended through the os and past the obstruction, and the delivery was effected without farther interference.

The second case was of much more serious import. This case occurred in consultation practice. I was sent for because the physician in attendance was unable to discover any os uteri, or uterine outlet. The child's head, he informed me, was low down in the pelvis, but covered by the uterus, and was so when he was first called to the case. On making an examination, I found that what was supposed to be the child's head, was in reality an enormous tumor, lying between the vagina and rectum, and so completely filling up the pelvic cavity, as to leave *less than an inch* between it and the pubes at the superior strait. Passing my finger through this space, I found the os uteri, like an elongated slit, above, and partly in front of the pubes; and above this, and still farther forward, lay the fœtal head, feeling on external palpation, like

an enormously distended bladder, which, in fact, I at first supposed it to be. The tumor itself felt very hard and solid, and *I thought* was immovable.

Under these circumstances it was at once evident, that unless the tumor could be got out of the way, delivery by the natural passages was simply impracticable. By my advice, Dr. Sabine, an eminent obstretrician of the city of New York, was sent for. He came at once, and kindly took the farther management of the case. Having first satisfied himself as to the exact condition of things, he also concluded, that if the tumor could not be pushed up out of the way, the cesarian section offered the only chance of delivery.

Having emptied the woman's bowels and bladder, by the request of Dr. Sabine, I placed her fully under the influence of chloroform, and kept her so during the subsequent protracted procedures. Dr. S—— first introduced his hand into the vagina, and by a degree of force which I would not have dared to exert, he succeeded in pressing up the tumor partly out of the pelvis, and thus gained space enough, as he hoped, to reach the head and drag it down. With great difficulty, and after repeated failures with several differently shaped instruments, he finally succeeded in applying a very long and strong forceps, and after protracted and most powerful tractions, finally brought down the head, and delivered the woman of a *living child.* Remembering that the tumor could not be pushed entirely out of the way, and that the fœtal head lay quite above, and partly in front of the pubes, it will at once be seen that the successful application of the forceps and delivery of the child in this case, required, and was evidence of, a degree of self-confidence and practical skill which but few possess. To make the operation still more difficult, the case occurred in a primiparæ forty-one years old. The tumor proved to be ovarian, and after delivery could be seen and felt in the abdo-

men, by the side of the uterus, and about as large. Both mother and child recovered, the former after a serious attack of metro-pertonitis.

RUPTURE OF THE UTERUS.

I have seen one case of this, in consultation practice. The case was one of shoulder presentation, and the accident occurred during the operation of turning. The operation itself, the physician in attendance stated, was accomplished without the least difficulty, but after the version was completed, the pains ceased altogether, and he failed to deliver the child's head. After this was accomplished the uterus was found ruptured at its posterior portion, at the junction of the cervis and body. The woman was completely collapsed, and died in a few hours.

THE DESCENT OF THE HAND WITH THE VERTEX,

as already stated, occurred in two cases. In one of these the hand and head descended rapidly together; and as the woman had a capacious pelvis, and the child itself was small and a little premature, the labor soon terminated, without any interference whatever.

In the other case, however, the result was not so favorable, the presence of the hand and forearm effectually preventing the descent of the vertex. In this case, the waters were discharged before my arrival, and before the os uteri was fully dilated. On examination, I found a loop of the funis prolapsed. Continuing my examination, I next reached a hand and forearm. I then introduced my hand into the vagina, to complete my diagnosis as to the exact position of the child, when I found the vertex presenting at the superior strait, in the left occipito-acetabular position, or the first presentation of Baudelocque.

Here, surely, was an unusual mixture of presenting parts. Of course I attempted to replace the funis, and to press back the hand; but, from lack of skill, probably, I failed. The case occurred before the postural method of treating prolapse of the funis was known. After the os uteri was fully dilated, finding no change in the position, nor any advance of the vertex, I placed the woman in position, and delivered by version. The cord had long ceased to beat.

PRESENTATION OF THE FACE,

In my experience, has formed no impediment to delivery, except in one case, although three out of the four cases occurred in first labors. In the exceptional case, occurring in a sixth labor, the child's chin looked towards the pubes, and did not descend into the pelvis, although the pains were sufficiently strong. Finding it necessary to interfere in the case, delivery was accomplished by version.

DEFORMITIES AND MONSTROSITY.

Of the 1,151 children, seven were more or less deformed, one of which was an anencephalous monster. Only one of these offered any obstacle to delivery.

Of these deformities, two were cases of club-foot, one had a second thumb on the left hand, fully formed, and with a perfect nail; one was born without forearms; one had a hare lip, the cleft extending through the jaw-bone and palate, leaving the mouth and nostril one cavity; one was a brainless monster; and one had an enormously distended abdomen, so as to require its evisceration, before it could be dragged through the superior strait.

In this last case, the midwife in attendance—an ignorant German woman—had actually pulled the child's head nearly

off, in her efforts to "*helpf the woman*," as she expressed it. The case may be found, reported in full, in the Transactions of the Society for 1865.

Of the cases of club-foot, one was of the variety known as "*talipes varus*," and the other "*talipes vagus*." In the first case, the child was cured when it began to walk, by wearing shoes with properly arranged springs attached. The second case was remedied by a simple roller bandage. This case occurred in 1851, and the roller was applied so as to bring the foot gradually in position, upon the principle which has since been applied in the treatment of these deformities by adhesive strips. For the suggestion, I was indebted to the late Dr. Richard K. Hoffman, of New York city. The roller was first applied when the child was but a few weeks old, and re-applied as often as was necessary to retain the foot in position. In neither of these cases, however, was the deformity very great.

In the child without forearms, the arms appeared as if they had been amputated just above the elbows, terminating in conical stumps, upon one of which was a rudimentary finger. The child's legs were also imperfect, and of unequal lengths. The child lived, and is now a young man of short, dumpy stature, and large head.

In the anencephalous monster, the whole skull above the brow, and the posterior portions of the cervical vertebræ were wanting, leaving only the base of the skull, and bodies of the vertebræ remaining. The rough edges of the bone were covered, but without cuticle. There was neither brain, nor medula oblongata. The expression of its features was most hideous. Its eyes were large, and projected like the eyes of a frog. Its body and limbs, short but well shaped. Its neck was so short that its face seemed to be stuck between its shoulders, its chin apparently running into its

sternum. Its lips were thick, fleshy, and protuberant: its nose flat and expanded; its ears thick, fleshy and erect; and taken altogether it was one of the most hideous and repulsive looking things that I ever saw. It was a female, and evidently lived a few moments before its birth, but never moved afterwards.

SUSPENSION OF PAINS, OR FEEBLE, IRREGULAR, AND INEFFICIENT UTERINE CONTRACTIONS,

In my experience, has been one of the most frequent of all the causes of tedious and impeded labors. In some of these cases, this character of the pains seemed to be due to over-distention of the uterus; and in these, the rupture of the membranes and discharge of the liquor amnii, were often followed by a sudden change in the character of the pains, and by a more rapid progress of the labor. In other cases, however, this inefficiency of the uterine contractions could not be accounted for in this way. My record shows quite a large number of cases of this kind, in which it was deemed necessary, either to administer ergot, or to deliver with the forceps. To these cases I will refer more particularly by-and-by.

MODES OF TERMINATION.

Of the 1,151 children, 1,085 were delivered *naturally*,—*i. e.* without any other interference than, as I have already said, is proper and usual, even in the simplest labors. In twenty-three cases the uterine efforts were stimulated to greater energy and intensity, and the delivery effected by the ergot; twenty-eight were delivered with the forceps, in four of which the ergot had been given, and had acted well, but had failed to accomplish delivery; thirteen were delivered by podalic version; one by opening and eviscerating the child's

abdomen; and in one case, in which it became necessary to resort to embriotomy, the woman died before delivery was entirely accomplished.

This case, by the way, is the saddest in all my experience. And if it is always "*a sort of desecration for an accouchee to die,*" as remarked by the late Professor Meigs, what word in the language is sufficiently expressive to characterize the death of an accouchee under circumstances like these:

Case. Mrs. ———, aged about thirty years, a robust woman, the wife of a farmer, in her third labor, was seen by me, in consultation, twenty-two hours after labor began, and ten hours after the discharge of the liquor amnii. From the medical attendant I learned that he had been called early in the case; that on his first examination, before the os uteri was dilated, he found the vertex presenting at the superior strait: that some time afterwards, the membranes broke spontaneously, and the pains ceased entirely for "*an hour and a half;*" that the pains then came on again, and soon afterwards, on making another examination, he found *the presentation changed from the vertex to the shoulder;* that he had waited for some time, "in hopes that *spontaneous evolution would take place;*" and that he had attempted version, and, in fact, had "reached the feet, but desisted for fear of doing too much violence to the mother." And in the consultations which followed in the progress of the case, he suggested the use of ergot, "*to aid in producing spontaneous evolution.*"

On examination, I found the forearm and arm in the vagina, the hand swollen and edematous, lying beyond the vulva, and the shoulder wedged into the os uteri, and firmly grasped by it as by a thick band of gutta percha. The uterus, by external palpation, was felt to be firmly and *continuously* contracted, of stony hardness, and without any moment of relaxation. The woman was, and for some time had been,

entirely free from labor pains, the uterus having apparently taken on its complete and permanent tonic contraction. Her general condition was tolerably good.

The case occurred before the time of anesthetics, and I was therefore obliged to depend on blood-letting and nauseants to secure some degree of relaxation of this terribly firm contraction of the uterus; and while the patient was sick from antimony, and faint from the bleeding, I made a persevering effort to introduce my hand into the uterus; hoping that if I could reach the feet, I might effect the delivery by turning. My efforts in that direction, however, were unavailing. I could not even introduce my hand into the os uteri, so firmly was it contracted; and it became evident that the delivery could only be accomplished by embriotomy, or the cesarian section. Additional counsel and assistance were secured, and the attempt to deliver by embriotomy was made. But from the contracted state of the uterus, and the complete immobility of the fœtus, the operation was rendered extremely difficult and tedious, and before it was entirely accomplished, the woman sank exhausted.

Three questions of great practical interest here arise, in connection with this case, viz: 1st. Is it possible for a vertex presentation to change, during labor, and without manual interference, to a presentation of the shoulder?

Both reason and experience, I apprehend, will answer in the negative. When in labor the vertex presents, the long axis of the child corresponds with the long axis of the uterus, and every uterine contraction *must tend to fix it there;* and any change of position under these circumstances, it seems to me, is simply impossible.

2d. Is it possible for the tonic contraction of the uterus, in a third labor, to become so firmly established in ten hours after the discharge of the waters, and before the delivery of

the child, as to render the introduction of the hand impossible? or, had the ergot already been given previous to my arrival, "*to aid in accomplishing spontaneous evolution?*"

My own experience in other cases would lead me to anticipate but little difficulty in the operation of version, even ten hours after the discharge of the liquor amnii. At least I have delivered by version, in one case eight hours, and in another case twenty-four hours after the rupture of the membranes, without any difficulty whatever, and without the use of anesthetics. And in another case, in which the shoulder presented, I had no difficulty in introducing my hand into the uterus thirty-two hours after the waters were drained off; although in this case I could not reach the feet, the delivery being finally effected by hooking down the knee. In neither of these cases did the uterine contraction approach anything like the firmness or the continuousness observed in this case.

3d. Was it proper, under the circumstances, to attempt delivery by embriotomy? or ought not the cesarian section to have been resorted to at once, after the failure to deliver by version?

Of this I *now* have no doubt whatever, and with the experience gained in this case, I should never again attempt even to turn in a uterus so firmly contracted.

VERSION.

Of the thirteen deliveries by podalic version, there were—

Presentations of the shoulder or trunk	8 cases.
Placenta Previa	2 cases.
Presentation of vertex, hand and funis	1 case.
Uterine exhaustion, the vertex being above the superior strait	1 case.
Presentation of the face	1 case.
Total	13 cases.

In delivering by version, I have in two cases fractured the arm, in my eagerness to save the life of the child. These cases have always been to me a source of much mortification, as I regarded the accident as an evidence of undue haste and want of skill. But, recently I have been informed that a celebrated teacher and practitioner of midwifery in the city of New York is in the habit of informing his pupils, that this accident is a very common one, and of trifling import; union taking place in a few days, without injury to the limb: that in turning, the life of the child often depends upon its prompt and rapid delivery; and that under these circumstances, any danger to the limb must not for a moment be allowed to weigh against the life of the child. In the two cases of this accident in my own practice, the children were both saved, and by the application of a simple pasteboard splint and roller bandage, both recovered, without deformity, in a few days.

DELIVERY BY THE FORCEPS,

as already stated, was accomplished in twenty-eight cases, as follows, viz:

In puerperal convulsions,	3 cases.
In anterior projection, and apparent immobility of the coccyx	1 case.
In arrest in the descent of the fœtal head, from some cause which I could not appreciate	4 cases.
In ovarian tumor nearly filling the pelvic cavity	1 case.
In suspension of the pains, or feeble, irregular, and inefficient uterine contractions	19 cases.
Total	28 cases.

ERGOT.

The ergot was administered, and its full oxytocic action manifested, in twenty-seven cases, in twenty-three of which

the delivery was thus effected, and in four of which it became necessary to employ the forceps to accomplish the delivery. The cases in which the ergot was given, occurred mostly in the first half of my professional life, and were as follows, viz :

In puerperal convulsions, by the advice of counsel and contrary to the convictions of my own judgment	1 case.
In anterior projection and immobility of the coccyx	2 cases.
In arrest in the descent of the fœtal head from some unappreciated cause	2 cases.
In suspension of pains, or feeble, inefficient, and irregular uterine contractions	22 cases.
Total	27 cases.

CONCLUSION.

In 1856, Dr. Pierson, at that time Secretary of the Society, and now one of its honored Fellows, read before the Society an abstract of 2,000 cases of labor occurring in his own practice. The details of this paper I have forgotten, but I distinctly remember that the Doctor earnestly deprecated the use of ergot in labor, as always dangerous, and often fatal to the child, and that he advised, instead, a more frequent resort to the employment of the forceps. In closing this abstract of my obstetrical experience, I beg leave to present a few facts bearing upon this question, which, taken by themselves, perhaps, may not be a sufficient basis for correct generalization, but which nevertheless are valuable, as affording confirmation of the correctness of the rule of practice upon which Dr. Pierson insisted, and which, at the present time, is, I believe, generally accepted by the profession, as strictly orthodox.

When I commenced the practice of obstetrics, the profession had not yet released itself from the paralyzing influence of the teachings of Denman and others, who regarded it

as "uncertain whether the art of midwifery had been benefitted or injured by the introduction of instruments into its practice." The forceps especially was looked upon with dread, and as "always an evil, and never introduced into the vagina without hazard;" the use of which should be restricted to the most skillful hands, and to cases of immediate, pressing necessity.

At the same time, the ergot had reached its highest point of popularity as an oxytocic agent, and was almost universally employed by the profession. In country practice, especially, it was given with a degree of frequency and freedom, which to the younger practitioners of the present time, must seem to be scarcely credible.

Under these circumstances, it is not at all strange, that in the early part of my practice, I seldom resorted to the use of the forceps, or that I employed the ergot quite frequently. I confess, however, that I was never satisfied with its results. In a certain proportion of cases it proved to be entirely inert; and I soon learned that it could not, therefore, be relied upon with certainty, in emergencies requiring prompt and energetic interference. But in most of the cases in which I gave it, its peculiar influence upon the uterus was promptly manifested; and in some of these, it acted with a degree of violence which seemed to me to endanger the integrity of the uterus, as well as the life of the child. Still my mind was not fully impressed with its dangerous tendency, until Dr. Pierson's paper led me to examine my own record, when, I confess that I was amazed at the large number of still-births that had followed its use in my own practice. Since that time I have given it in only three cases, and in these only because I felt certain that a very few energetic contractions would accomplish the delivery.

In the twenty-seven cases in which the ergot was given,

and its peculiar action promptly manifested, the results, so far as the child is concerned, are noted as follows, viz:

Delivered alive and well	14
" apoplectic, but recovered	2
" " and convulsed, with paralysis of the extensor muscles of the forearm, from which the child ultimately recovered	1
Total living children	17
Still-born	10
Total number cases	27

Of these still-births, however, one occurred in a case of puerperal eclampsia; and in this case it is probable that the death of the child resulted from uremic poisoning. And two other cases occurred in labors in which the pains were good, but in which the fœtal head became stationary within the pelvic canal, from some cause which I could not determine. In these cases the ergot was given, because it seemed to me that a little more energy in the uterine contractions, would certainly accomplish delivery; and the death of the child in these cases may be due to other causes. But excluding these three still-births,—or for purpose of comparison, excluding all the cases in which the fœtal head became arrested in its descent through the pelvis, and also the case of convulsions, as being cases in which the employment of the ergot was improper, or at least of very questionable propriety,—and there yet remain twenty-two cases in which the ergot was given for more or less complete suspension of pains, or for feeble, irregular and inefficient uterine contractions; and these are precisely the cases to which the ergot, if ever appropriate, is peculiarly adapted, and in which, at the time they occurred, it was, by the general consent of the profession,

almost exclusively resorted to. In these twenty-two cases, the results were as follows, viz:

Children alive	15
" still-born	7
Total	22

Now this certainly is a startling, and to me a most mortifying record, and fully warrants the declaration of Dr. Hosack, that instead of calling ergot "*Pulvis ad partem*," it should be named "*Pulvis ad mortem.*" And it was probably in view of such results that Prof. Gillman remarked to his class, "I am glad that there is ergot,—*but I am not very glad.*"

The above results, when compared with those which have followed the employment of the forceps in the same class of cases in my own practice, will appear to still greater disadvantage. As already stated, of the twenty-eight deliveries with the forceps, nineteen were cases in which the uterine contractions had become more or less completely suspended, or were exceedingly feeble, irregular and inefficient,—just those cases in which if any interference be necessary, the choice must be made between the forceps and ergot; and in which, in country practice, particularly, the ergot is generally selected.

Now in these nineteen cases, sixteen children were delivered alive and did well afterwards, and three were still-born. Of these three still-births, one had evidently been dead some time, as decomposition had already set in; and one occurred in a twin pregnancy in which the membranes broke spontaneously sixty-six hours before labor began; and in which, from over-distention of the uterus, probably, the pains were exceedingly inefficient from the first,—so much so that twenty-six hours elapsed before the os uteri became fully dilated, or the vertex had descended sufficiently to warrant me in applying

the forceps. Then the pains, instead of becoming more efficient and expulsive, as I had anticipated, ceased entirely, and I was obliged to deliver with the forceps. The second child had its separate bag of waters; and as the pains did not again come on, and as the patient was a good deal exhausted, I immediately after the delivery of the first child, introduced my hand, ruptured the membranes, and delivered by podalic version, both children being vertex cases. The first child gasped a few times, but respiration did not become established. The death of this child, I think, was due, not to the use of the forceps, for it was not injured at all, but to the protracted compression to which it was subjected during twenty-seven hours of labor. The second child, being protected by its separate bag of waters, was delivered alive and did well.

Now, excluding these two cases of still-births, as being due to other causes, and only one remains that can properly be attributed to the nse of the forceps. This case, by the way, was one in which the vertex had not descended into the pelvic cavity; and only those who have tried to apply the instruments in this situation, can appreciate the great difficulties of the operation.

The above facts, if they be insufficient to establish an invariable rule of practice, have at least been sufficient to determine my own procedure in this class of cases. For the last five years, or more, I have not given the ergot in a single case with a view to its oxytocic influence; while in the same time I have employed the forceps, on an average, once in every ten cases of labor. And although there may be cases of retarded labor, in which the use of the ergot may be proper and safe, I do not hesitate to say that I know of none in which the forceps is not equally appropriate, and a great deal more manageable and certain.

But while deprecating the use of ergot in labor, or as an oxytocic agent,—more especially as it formerly was, and perhaps still is employed, in country practice,—I beg leave to bear my feeble testimony to its great value as a means of securing the prompt and perfect development of the tonic contraction of the uterus after delivery. When given immediately after, or *immediately* before, the delivery of the child, I know of nothing that can supply its place, or that will so certainly and effectually prevent post-partem hemorrhage and the terrific after-pains, to which some women of lax uterine fibre are so liable.

It is now more than twenty-five years since I learned from my preceptor, the use of ergot in the treatment of after-pains. From employing it thus for their cure, I soon learned to give it for their prevention; and for many years past, or more particularly since the ergot can always be had in the reliable and convenient form of the fluid extract, I never attend a case of confinement, even in primiparæ, without giving a drachm of the extract, either with or without opium, as the case may be, for the purpose of assuring my patient against the suffering and annoyance of severe after-pains and profuse lochia, which so often result from the tardy and imperfect development of the tonic uterine contraction.

CHLOROFORM.

When anesthetics were introduced into midwifery practice, the natural conservation of my disposition led me to reject their employment in natural and uncomplicated labors, as unnecessary, and therefore injudicious. The pains of parturition, being no indication of disordered vital action, might, it seemed to me, subserve some useful physiological purpose, with which it might be improper to interfere. For many years, therefore, I never gave an anesthetic in labor, except

when it became necessary to resort to some operative procedure. Even then, in the use of the forceps, it has always been my practice to apply the instruments while the woman is fully conscious, so as to assure myself that I am doing no injury to the maternal organs; then to have the anesthetic administered, and to deliver while under its influence. Even in cases of excessive rigidity of the soft parts, I have, until recently, declined to give the anesthetic, regarding this rigidity as being only the measure of the patient's power of vital resistance, and as generally indicative of a good "getting up."

But within the last few years I have got into the habit of giving an anesthetic occasionally, more especially in first labors. And I confess that I have found its effects so uniformly pleasant and free from harm, that I now regret that I did not employ it earlier in my practice. I can recall to memory many cases in which it would, I think, have been not only proper, but most valuable, in saving my patients from many hours of intense suffering. The only anesthetic that I have employed, is chloroform, either alone, or with a slight admixture of sulphuric ether.

REPORT OF STANDING COMMITTEE.

The meteorological observations made by Wm. A. Whitehead, Esq., of Newark, and published in the Newark Daily Advertiser, give the following results:

1st. The mean temperature of 1870 (52.67) was nearly two degrees above the average of the preceding 26 years, which was 50.75. Of the whole series two only, 1850-1853, exceeding it; every month, excepting March, having had a mean temperature above the average.

2d. That while the max. temperature, 92½ deg., was exceeded in 14 of the 26, in 23 of the series a lower temperature was experienced, the minimum of the year having been only 5¾ deg.

3d. That the mean temperature of the Winter months was 2.76 above the average—of the Spring months 0.30 above—of the Summer months 2.93 above—and of the Autumn months 1.66 above.

4th. That the number of fair days was above the average, and so with the number of days on which snow was observed.

5th. That the quantity of Water falling in rain, and melted snow, was almost identical with that of 1869, and nearly two inches and three-tenths above the average of the preceding 26 years. There was a deficiency in the fall of the last 4 months, which left the earth unusually dry at the close of the year. The weather was uniformly cold throughout the winter months, the drouth of the Autumn and the frozen ground of the Winter, causing a general drying up

of the streams and wells. The atmosphere, remarks Dr. Culver, of Hudson, averaged drier during the past year than for several years immediately preceding. The favorable influence of this change on the public health, he furthermore remarks, is quite apparent. A friend said to him in April, "last year I thought I was giving out, and hadn't long to live, but somehow this year I have recovered my former buoyancy and strength." Substantially the same remark has been made to him by other aged persons.

The by-law recently adopted by the Society, giving a seat, with the privileges of delegated members, to Reporters of Dist. Societies, who furnish reports to the Standing Committee by the 10th of May, has stimulated a prompt response to the call of the Committee. Ten reports were received by the 10th inst.; others have been received subsequently, one only failing to report.

Burlington County reports *Roseola* as continuing to be the leading Epidemic. The symptoms are sometimes grave, and differ widely from those of the simple Rose Rash, as manifested by the severe inflammation of the fauces with exudation of catarrhal matter, or false membrane on the tonsils and parts adjacent; and by inflammation of the submaxillary glands, with tumefaction and suppuration of the cellular tissue. Desquamation is sometimes one of the sequælaæ. Dr. Thornton, the reporter, regards the disease as zymotic. It is mostly confined to children.

In Beverly, a few cases of Scarlatina appeared in May last, in a mild form, increasing in severity until June, when 17 cases occurred of a malignant type. One died on the 3d day and 3 in later stages of the disease.

In Moorestown, intermittents have not been as numerous as heretofore. Dr. Townsend, of Beverly, says that in the delta of the Delaware and Rancocas rivers, a general epi-

demic of intermittent and bilious remittent fevers prevailed, persistent but not fatal, except in the hands of charlatans. Quinia in divided doses, broke the chills, but they invariably returned unless the remedy was continued. He attributes the epidemic to the freshets and high tides, which broke over all the river dykes, and for months submerged grounds which were afterwards exposed to the heats of summer.

Camden County reports a fair amount of general health, and freedom from epidemics of every kind. Intermittent and bilious fevers and dysentery, formerly so common, have greatly declined. In some neighborhoods where they were constantly present during the Summer and Autumn, they have entirely disappeared. Here the low ground and swamps have been drained, and the waste lands restored. So also in the city of Camden a systematic underground drainage has wrought a very decided improvement in the general health. The only disease, as noticed by Dr. Cooper, the reporter, as prevalent, is Cholera Infantum, which appeared in some portions of the county in July and August, and also in Camden. It was severe, and in many cases resisted treatment; a removal to a cooler atmosphere, or to the sea-shore, affording the only prospect of recovery.

In *Cape May County*, where there is no District Society, Dr. Marcy has politely volunteered the report that there has been the usual summary of diseases, differing from former years in its unusual amount. There has been, he says, at least one-third more sickness than he has known for the last twenty years, and yet no epidemic of any kind has prevailed. There were in the Spring a few cases of Scarlet Fever, Measles, and Whooping Cough, but mostly mild. Diphtheria has appeared in a modified form throughout the

year. Last Spring four cases of mixed disease occurred; either irregular Scarlet Fever with severe Diphtheria or severe Diphtheria with an irregular and badly developed rash. They all died on the fourth day from the effects of the blood poison.

Cumberland County is reported as being generally free from all forms of epidemics. An old practitioner of 37 years says that he never saw so near an approach to the standard of health—a little of Whooping Cough and Measles of mild type, the usual bowel complaints of the Summer and a limited amount of fevers, Remittent and Typhoid, with a few cases of Pneumonia and Bronchitis, constituted the medical record of the year, with the single exception of Diphtheria, which appeared to a limited degree, in Shiloh and in Lower Hopewell, near Bridgeton. In both localities a few fatal cases occurred.

In *Essex County*, Small Pox has prevailed in Newark to a large extent, and new cases are now of daily occurrence. Ninety-seven cases were noted in April, nine of which (7 adults and 2 children) were fatal. Intermittents and Remittents have been epidemic in Newark, attributed there to the dyking of the meadows contiguous to the city, and to the deep cuttings in many of the streets for the construction of sewers. There has been throughout the county a greater amount of intermittent disease than usual, and in localities where it does not commonly appear. Roseola was epidemic in Orange during the early part of last summer, remarkable for nothing but its general diffusion. Measles is at the present time endemic, usually mild, but with a few cases of severe form. Notwithstanding the continuous heat of the summer, the usual bowel complaints of the sea-

son were very limited in Orange; they prevailed extensively in Newark, and were greatly aggravated by the long continuance of the heated term.

Gloucester County is reported as free from all epidemic disease. Bilious fever to a limited amount, and a few cases of Pneumonia are the only diseases reported as visiting the county. The District Society holds quarterly meetings which are well sustained. The committee would express the hope that their well sustained quarterly meetings may afford material for fuller reports than have been furnished for some years past.

In *Hunterdon County*, epidemics, where they have occurred, have been mild and amenable to treatment. In the lower part of the county, Scarlatina Simplex was met with during the early part of summer. Pertussis was extensively prevalent during the Fall, Winter and Spring. One case, in the hands of the Reporter, was attended with Pneumonia, extreme emaciation, and paralysis of the lower extremities. In Ringoes, typhoid fever occurred in July, August and September. Its course was rapid and enteric in character. It was traceable to the emanations of a stagnant pool receiving the drainage of a barn yard into which decaying animals were thrown. During the autumn and early winter, numerous cases of insanity were met with. In the majority of sick persons at that period the brain seemed to be peculiarly involved. Many cases were uncomplicated, the brain alone being affected. Others, with aberration of mind, suffered from sensitiveness of the spinal cord, and some with paralysis. The cases were slow to convalesce.

Of the number which fell to the charge of the reporter (about 20) two died, one was sent to the asylum, one remains insane, the rest recovered.

Tuberculosis in this district seems to be on the increase. Neglect of hygienic laws seems to be laying the foundation for the disease, while nostrums made up of Antimony, Squills, and Lobelia, used so extensively, call many latent cases into activity. Affections of the respiratory organs prevailed during the winter months, subsiding in March. They were more sthenic in their type than in former years and were successfully treated by venescetion and other antiphlogistic remedies.

Hudson County has been distinguished by an unusual amount of endemic disease. Cholera Infantum was very general during the summer, particularly among *bottle-fed* children. The autumn brought with it a long train of miasmatic diseases. Localities long exempt suffered severely. The County House at Snake Hill became one large hospital, as many as 90 cases being under treatment at one time. The type was severe and resisted treatment. On the hights of Bergen the same disposition to malarial disease was manifest, most cases of ordinary disease exhibiting the traces of miasma. Measles and Scarlet Fever appeared upon the breaking up of winter, both of a mild type. Hoboken city has been visited with small pox. About 100 cases have occurred, with a larger proportion than usual of fatal cases, owing to unfavorable hygienic condition.

In *Mercer County* the health of the community has been generally good. Scarlet Fever made its appearance in July in the township of Lawrence, extending its influence to Trenton during the autumn, where it may be said to have become epidemic, during the winter and spring. It has been generally of a mild type. Diphtheria, which prevailed in Trenton and vicinity during the fall and early winter, made its first appearance in August. From that time on-

ward for a few weeks there were occasional cases, till finally it assumed the proportions of an epidemic. It appeared also in a serious form, in September, at Dutch Neck, in West Windsor township, and was exceedingly fatal. Its appearance was immediately preceded by a disease among the poultry, which had been very fatal. Dr. Deshler, of Hightstown, says that the visitation lasted about three weeks. The country is level, comparatively free from marsh miasm, the soil under constant cultivation, and the community one of the richest in the State. The endemic was limited in extent to an area of one mile by three. The cases were nearly all fatal, five deaths occurring in one family.

A locality in Trenton, known as the Swamp, inhabited chiefly by negroes, was invaded by a fatal disease which gave rise to much alarm and discussion. The cases which occurred were nearly all fatal; the number of deaths was twenty. The disease was a malignant malarial fever, a few cases assumed a hæmorrhagic type. The white people living in the vicinity were not affected. After proper drainage and clearing out of the infected district the disease abated.

Monmouth County during the early months of the year has been remarkably exempt from serious disease. About the first of August, Cholera Infantum and Cholera Morbus suddenly appeared with much intensity. The cases of the latter were numerous, the attacks resulting fatally in several cases. During the autumn a few cases of Typhoid fever made their appearance. Early in the winter, in addition to the usual diseases of the season, Rubeola was epidemic till March. They were of a mild type. A few cases of Scarlatina Simplex also occurred.

Somerset County has been invaded by epidemics of Per-

tussis, which was everywhere present, and by Parotitis which was very general.

In *Sussex County* Intermittents and Remittents have been everywhere more common. They have been noticed more particularly along the route of the Midland R. R., due probably to the disturbance of the soil in the low ground. Scarlet fever of a mild type has been noticed in some portions of the county through the entire year. During the Spring months there was an endemic in Newton, characterized by the usual phenomena of Scarlet fever without the eruption. Rubeola has occurred to a limited degree and Diphtheria, in a mild form, in Deckertown.

In *Warren County* the chief epidemic during the last summer was one of mixed intermittent, remittent and bilious fever, which prevailed in the town of Hope and vicinity. From July to November cases occurred in every family—270 persons out of a population of 300 were the subjects of some form of fever. The village has an elevated site with good drainage, but surrounded on nearly all sides by extensive meadows, the drainage of which is obstructed by a mill-dam. It had been previously healthy, but the epidemic was co-incident with the raising of the dam six inches, thereby flooding a more extended surface. Scarlatina has been epidemic in the valley of the Paulus Kill, from January to May of the present year, of severe form; many adults being affected. The greatest danger arose from the acute nephritic symptoms in the first stage, producing death by coma, and from the uremic symptoms during the secondary stage.

The *treatment* of disease has been noticed in the reports, to some details of which the committee would refer. Dr. Marcy commends the use of veratrum virid, in Pneumonia.

He relies upon it as the basis of his treatment—having used it for ten years, he says, "I have come to rely upon it with almost as much certainty as upon Quinine in intermittents: I trust to it almost exclusively, and it rarely disappoints me." He believes that there is some power in it independent of its effects in reducing the heart's action.

Dr. Elmer, of Bridgeton, commends the Hyd. of Chloral as of value in the treatment of Pertussis, relieving the whoop in a few days, in doses of gr. II to gr. V according to age and repeated about every 4 hours. He commends also the use of the Sol. of Permaganate of Pot. and, with carbolic acid diluted with glycerine, in carbuncles, boils, felons, &c. They cleanse, sooth, and heal, without the great sloughing, pain and prostration he used to meet with under the former treatment. The *dirt treatment* as recommended by Dr. Hewson has been used by Dr. Elmer with satisfactory success.

Dr. Larison, of Hunterdon, details four cases of croup successfully treated by heroic doses of whiskey, and remarks, "I have so much confidence in the alcoholic treatment of membranous croup that I rely upon it with more confidence than upon any other therapeutic agent." The cases which he very minutely details are certainly very striking.

Dr. Forman, of Hudson, in writing upon the diet of children living in towns where good pure milk cannot be obtained, recommends the use of condensed milk prepared by Borden's process. He says "next to the pure milk from a healthy cow properly fed, slightly sweetened, and rendered alkaline by 1 gr. of Sod. Carb. to every oz., comes, in my experience, Borden's milk, Eagle Brand." Dr. McLean Forman, of Monmouth, when alluding to the severe cases of Cholera Morbus in his county, remarks that all the cases which came under his care were promptly relieved by the hypodermic use of morphia, and the internal administra-

tion of chloroform, aided by the usual topical applications. He also details a case of poisoning by Strychnia, which was relieved by Chlor. Hyd. He considers it one of the best antidotes to that poison which we possess.

Dr. Berg, of Somerset, reports that during an epidemic of Pertussis it was observed that vaccination, in a new subject proved to be a specific if it took. The paroxysms diminishing in frequency and violence as the pustules developed and ceasing entirely with the subsidence of the vaccine disease.

Interesting Cases.

Of these the Committee notice the following: *Anomalous intermittent*, by Dr Thornton, in a man 75 years of age. He was attacked every third morning with severe pains first in the feet, extending to the lower limbs and body, increasing in severity for three hours, when insensibility supervened, lasting till bed-time without cold, hot, or sweating stage. During the intermissions he was apparently well. During the attacks he lay moaning and muttering, but no noise or infliction of ordinary pain could arouse him. After several weeks he was rid of the attacks under the use of Arsenic, Iron, and large doses of Quinine, and remained in health for some weeks, when he died suddenly without any premonitory symptoms.

Dr. Thornton also notices a case of *death in child-bed*, on the 16th day after parturition, of ovarian abscess; large quantities of pus passed per vaginam and a large quantity was found in the cul de sac of the peritoneum in the right side of the pelvis and the recto vaginal space. The peculiarities of the case were, clearness of intellect from first to last, her hearing morbidly acute, had diaphoresis and almost colliquative sweating: neither palpation nor physical exploration could detect disease during life.

By Dr. Townsend a case of *fistulous opening* from the duodenum and through the fundus and body of the uterus terminating in death.

Dr. Cullen communicates the full history of a case of *extra uterine gestation* at full term. When called to the labor, pains were violent and persistent. Upon making an examination per vaginam, he was unable to find the os, the finger coming in contact with a hard smooth body, and dipped into a sulcus which could be clearly defined in all its parts, except at a point a little to the right of the symphisis pubis. Supposing from his examination, that there was an inverted retort neck, he deemed it best to meet the immediate indications of the case by the administration of anodynes, and to wait for a more favorable condition of affairs. At the next examination everything was found to be as before, and continued so for two days, with the exception that the pains were less violent and less freqnent. No change was observed upon examination except a slight show. There was no material change in the aspect of the case, and nothing upon which to found more than a presumptive diagnosis, till the evening of the following day, when the patient rapidly sank from exhaustion, and died undelivered six days after the beginning of labor. A post mortem revealed a perfectly normal external uterine tumour. Upon opening the cavity of the abdomen, adhesions were found extending throughout, with evidences of peritonitis and entire adhesion of the omentum. The uterus was found to be six times its unimpregnated size. The os opposite the external abdominal ring, the body entirely retroverted, and the fundus forced against the promontory of the sacrum. Upon opening the sack containing the child, it was found lying transversely in the abdomen, the head in the right hypochondrium, the back toward the diaphragm of the mother, the buttock in the left hypochondrium. The pla-

centa, which was attached to the walls of the abdomen in the right hypochondrium and lumbar region was nourished by the mesenteric arteries, and was firmly adherent. It weighed 4 lbs. The child was of full size and weighed 9 lbs., having a hare lip and club foot.

A case of *rupture of the bladder* is reported in a man over 90 years of age, caused by a fall from a hay loft the, abdomen striking across a manger. Perfect rest with anodynes was enjoined, and a cure was effected, although the most of the urine passed per rectum for a number of months.

A case of *traumatic tetanus* successfully treated by Dr. Jno. S. Cook, of Hackettstown, is appended to this report, attention is invited to it because of the persistency of the disease, the perseverance in one determined course of treatment, the quantity of opiates used, and the long periods of continuous attention bestowed by the surgeon, as also the practical points which he has emphasized in his history of the case.

Dr. Pierson, Jr., of Essex, reports two cases of great interest with a full history of each, which are commended to the attention of the Society.

Miasm from Salt Marshes.

In a communication received last year and published in the vol. of Transactions for 1870, page 111, Dr. Price, of Burlington county, remarked, "*No miasmatic diseases are produced by salt marshes.*" The committee has made this statement the occasion of instituting enquiries among medical observers in the coast regions of the State, for the purpose of obtaining the results of their experience upon this subject. The committee have been led to this investigation because the statement seemed to be at variance with long established testimony upon the effects of marshes washed by the sea. McCulloch, in his work on malaria, published

in Great Britain about 1828, says, "Whatever may be true of the Northern and colder parts of Britain, no observer can doubt that malaria is produced by salt marshes in the Southern parts, and, as might be expected, most conspicuously in hot summers; the examples being found in so many places that it is unnecessary to name them, since the difficulty would be to find the exemption. Could any doubt remain about this, it would be removed by the examination of this kind of soil over almost the whole world. The salt marshes of Normandy, of which the country around Dol may be taken as a sample, are notoriously productive of intermittents, to such a degree that scarcely an inhabitant is exempt from them; while the general effect on the population is what is usually produced in such cases. It is the same on the French shores of the Mediterranean; it is the same in the Adriatic, on both shores, as it is in Greece and Italy generally, and as it is in Sicily, in Sardinia, in the Crimea, in Spain, everywhere in short in the middle and southern parts of Europe; and it is equally true of every part of the African, Asiatic, and American continents, at least within the range of heat, which however indefinable, extends far beyond the torrid into the temperate zones." Dr. Jos. Brown asserts (see Cyclop. Pract. Med.,) that "marshes whether salt or fresh, are prolific sources of malaria, especially in a certain stage of the drying process under a hot sun," and that malaria "is the product besides of various sorts of soil to which the term marsh is by no means applicable. The mud left by the retiring tide in sea-ports and estuaries is productive of malaria in hot climates, as is evinced by the fever with which the crews of boats are attacked in such situations, and we have seen reason to think that in certain seasons they are not perfectly salubrious in our own," (England.) The writer of this report was familiar during his early life with the climate of Long Island,

and is informed as to its topography in that portion of the Island with which he was familiar. The salt marshes were uniformly and universally malarious, both on the South side which is washed by the South bay connected with the sea, and which is flat, and on the North side which is washed by the Long Island Sound, and which is more hilly and broken.

The responses made to the committee by observers in New Jersey confirm in part the statement of Dr. Price, and show that the subject is still open to investigation. Dr. Marcy, of Cape May county, says, "I fully concur in the views expressed by Dr. Price in regard to malaria. Our salt marshes generate no malarial poison. The causes are apparent. The material of which they are composed, so far as it is vegetable, is the decayed plants that can live only in salt water, and their decomposition is so influenced by the particles of salt contained in their structure and upon their surface that malaria is not generated. The supply of salt cannot fail, for at least twice in each month during the spring and neap tides the whole meadow is overflowed to a greater or less extent by salt water, as also by the tides driven in by frequently recurring easterly storms. As proof of this we can instance the exemption from chills and fever of the inhabitants of our beaches, and the little city of Cape Island, while upon the main land miasmatic fevers are very prevalent. I am told by my father, Dr. S. S. Marcy, who has practiced medicine here for fifty years that until the last five years he never knew a case of chills and fever originating on the island; the few cases which occurred there being traceable in all cases to the influence of the malaria of the main land to which the parties had been exposed."

The reporter of Cumberland District says that the subject was introduced at the meeting of the District Society, and it

was the unanimous opinion of the members that salt marshes were not miasmatic; every member having something to say upon the subject, nearly all of whom have more or less experience by practicing in the vicinity of salt marshes. The opinion of some was that their influence was beneficial in miasmatic diseases on account of their tonic power.

The reporter for Essex says that "there can be no doubt that the extensive meadows lying between Newark and Elizabeth known as the salt meadows do produce all sorts of miasmatic diseases." *Per contra*, Dr. Southard, of Newark, whose practice is in the portion of the city more or less contiguous to the marshes, draws a distinction between the upland traversed by creeks which contain salt and fresh water and which are only partially supplied with salt water and the true salt meadows. The former are malarious, but the latter, so far as his observation goes, are healthy. Dr. Whitehead, of Elizabeth, says in reference to these same meadows, "I do not hesitate to say that I coincide with Dr. Price in the opinion expressed in the paper to which reference is made. So far as the immediate vicinity of the true salt meadows, known as the Newark and Elizabeth great meadows, is concerned, I have always doubted their production of the deleterious effects so often charged to them."

In Middlesex county the medical men of Amboy all report intermittents in the vicinity of salt marshes. Dr. Hunt of the same county remarks, "I have on the borders of my practice some salt meadow patients, and I have always thought them specially exempt from intermittents, et cetera, but have attributed it rather to the sandy and favorable nature of the soil than to the salt meadows."

Dr. Robert Laird, of Squan Village, Monmouth county, attends all the families residing on the beach from Barnegat Inlet to the head of the bay. He says, "I cannot recall to my recollection a single case of disease originating in miasm

from salt marshes." He instances a large family, of all ages from infancy to the extreme old age of 105 years, living on a site surrounded by hundreds of acres of salt meadows—also another family residing where the effluvia from the marsh is as strong as the bilge water from an old ship, and the water they drink so impregnated that strangers can scarcely drink it, producing no deleterious effect except a slight diarrhœa. "So my experience is," he says, "that salt meadows rarely if ever produce miasmatic diseases."

Dr. I. E. Arrowsmith, of Keyport, says that "from 1844 to 1870 I do not think that I saw half a dozen cases of chills and fever in our town, unless contracted in other localities and brought here to convalesce." Last year he had a few cases, and did not know how to account for them. His opinion is that salt meadows of themselves do not develop miasm, but where sea water gets into ponds having no outlet, and is exposed to the rays of the sun and become dry, malaria is generated.

The chairman of the committee requested a communication upon this subject from his valued associate Dr. Culver, of Hudson. His response is as follows:

"I agree with Dr. Price, of Burlington county, who, in his report last year, says, '*No miasmatic diseases are produced by salt marshes*,' provided this sentence be accepted in its most literal sense; but I think that any other interpretation of it should be taken *cum grano salis*. I confess to have lost faith in 'marsh miasmata,' and, indeed in all ideal creations assigned as intangible substitutes for etiological knowledge. The authors and worshippers of unknown gods, reckless of the pedigrees of ills to be engendered, have turned loose such a motley multitude of 'specific poisons,' and 'animalculæ,' and 'vegetations,' and 'germs,' and 'spores,' into the atmosphere—not to mention our food and drink—that the wonder is that mankind are

not all continually sick, with promiscuous generations of hybrid diseases, of ever-varying types, baffling nosology and setting at nought the established rules of therapeutics.

"Dr. Price appears to be an accurate observer, and the facts he records considerably qualify, if they do not neutralize his too sweeping generalization. He says 'Intermittent fever is *almost* entirely unknown.' 'Our watermen often come home sick with the chills,'—caught of course in some far-off land,—and 'there is a type of fever occurring here, perhaps half a dozen cases annually having a remittent character.'

"For myself I know of salt marshes which are overflowed by almost every spring-tide high water,—perhaps not at every neaptide,—the sea water of flood-tide being generally but very slightly freshened during the submergence; and I know that malarial diseases abound every year, more or less, among the people who live near their borders, and almost exclusively after protracted heated terms in July, August or September. I have also watched with much interest, the annual recurrence, at the self-same mid-summer season, of malarial diseases, not only in the vicinity of brackish and fresh water marshes, but in littoral and inland regions distant from marsh-lands of every description. In a few instances I have observed malarial fevers which originated in-doors in mid-winter, the family attacked having been for weeks supplied with an atmosphere highly heated and surcharged with agueous vapor. Dr. E. W. Buck, of this city, has reported a similar occurrence. No part of Hudson County is ever exempt from malarial diseases; but they are notably more prevalent in Spring and during the redundance of atmospheric dampness after Summer droughts. I allude to only one of the several conditions which concur to produce malaria, at the same time permit me to protest against their unification."

NECROLOGY.

The death record of the year is as follows: Alfred B. Dayton, of Mattewan, Monmouth county, died July 19th, 1870, aged 57 years. Dr. Dayton was a Fellow of this Society, having been President in 1854. He was present at our last meeting at Trenton, and at that time complained of feeble health. In less than two months we received a notice of his decease. Dr. Charles C. Clarkson died in Newark, January 10th, 1871, aged 27; Dr. Jno. R. Conover died in Freehold, Monmouth county, March 31st, 1871; Dr. Lorenzo F. Fisler, in Camden, March 30th, 1871, aged 73; Dr. Ed. I. Grant, of Trenton, aged about 60, died in March, 1871. No obituary notices have been received of the above by the committee. They hope to obtain them for publication in our vol. of Transactions.

At the last meeting of this Society, a communication was received from Dr. W. Quinby, of Hudson county, as follows:

To the President, Fellows and Members of the Medical Society of New Jersey:

GENTLEMEN: The undersigned, a graduate in medicine of the University of the city of New York, in 1859, and since then a physician in Jersey City, New Jersey, has been excluded from membership in the Hudson county District Medical Society; and he therefore asks the Medical Society of New Jersey, to appoint a committee of disinterested persons, who shall investigate his case, and report, at the earliest date practicable, whether there is any sufficient reason for this action.

(Signed,) W. QUINBY, M. D.

JERSEY CITY, May 24th, 1870.

This communication was "referred," on motion of Dr. Pennington, "to the Standing Committee, with instructions to inquire into and report on the rights of persons making application for membership of the District Medical Societies."

The object of this reference, as the Committee understand it, is to obtain a report upon the *jurisdiction of the State Society over the District Societies in the election of members, and upon the rights of those applying for membership of the same*, without reference to the application of Dr. Quinby, except so far as his case has raised the contemplated inquiry.

Sec. 3, Act of Incorporation, provides for the adoption of such rules and regulations for the due management of its concerns, and of the "several District Societies as may be deemed necessary." The by-laws, Chap. II, Sec. 7, direct the Standing Committee to report all irregularities on the part of the District Societies or of members connected with them. Chap. III, Sec. 1, implies the right of any recognized physician to become a member of a District Society within the limits of the district where he resides. Chap. VII. Sec. 7, provides that the State Society shall exercise only appellate jurisdiction in reference to members of District Societies.

These provisions of the Constitution embrace all which relate to the subject under consideration. The conclusions of the Committee are as follows:

1st. There is no provision which meets the case of one who appeals to the State Society from the unjust action of any District Society, in rejecting him as a member of the same.

2d. The Society has the power by Sec. 3, Act of Incorporation, to make such provision.

3d. If any irregularities, either of members of district societies, or of the societies as corporations, come to the

knowledge of the Standing Committee, *from any source*, it is made their duty to report the same to the State Society.

4th. Appellate jurisdiction applies to the case of members of the District Societies, and not to them as corporations.

The Committee recognise it as theoretically true, that the State Society is organized and sustained for the protection of the profession of the State, and of the rights of all regular medical practitioners therein. It is possible that cases of the kind contemplated in this inquiry *may* arise, which might render it desirable for the State Society to have the power to interfere, and review the action of the District Societies, but they must be very rare. It seems to be just that every society should possess the privilege of choosing its own members; and any action which should deprive them of this, would be inconsistent with the harmonious relations of the State and District Societies.

The Committee does not deem it a part of its duty to recommend any action to the Society, and with these remarks leave the whole subject in its hands.

STEPHEN WICKES,
J. E. CULVER,
JNO. WOOLVERTON,
Standing Committee.

APPENDIX

TO

REPORT OF STANDING COMMITTEE.

In Memoriam.

ALFRED B. DAYTON,

Born Dec. 25, 1812. Died July 19, 1870, aged 57 years.

CHARLES C. CLARKSON,

Born Nov. 10, 1843. Died Jan'y 10, 1871, aged 27 years.

EDWARD INGLETON GRANT,

Born Nov. 11, 1812. Died March 13, 1871, aged 58 years.

LORENZO F. FISLER,

Died March 30, 1871, aged 73 years.

JOHN R. CONOVER,

Born in 1813. Died March 26, 1871.

OBITUARIES.

CHARLES C. CLARKSON, M. D.

BY PETER V. P. HEWLETT, M. D.

Died, Tuesday, June 10th, at 4 o'clock, A. M., CHARLES C. CLARKSON, M. D., aged 27 years.

The subject of this memoir was the youngest and last surviving son of Thomas and Amelia Clarkson. He was born in the city of Newark, on the 10th day of November, 1843. In his early youth he had the advantages of a good education, but was prevented from passing through the usual college curriculum, by the impaired condition of his health. He commenced the study of medicine, under the instructions of Dr. M. H. C. Vail.

During the late rebellion, he offered his services to the government. He entered the Navy Department as Surgeon's steward, on board the U. S. steamer Susquehanna. It was his first trip to sea, when the Susquehanna made an unsuccessful attempt to overhaul the Confederate steamer "Talahassee," at the time she made her appearance off New York harbor. He participated in the ever memorable Fort Fisher engagement, and the many others for which the Atlantic squadron became so famous. Subsequently, he accompanied the vessel to South America, visiting most of the large seaport cities. In returning, he spent several months at the West Indies and Bahama Islands. During the time he was with the vessel, he continued his studies under the direction of the Surgeon, Dr. Wm. Barclay, and shortly after his return entered the New York University, from which he graduated with the class of 1868. He soon after began the practice of medicine in the city of Newark, and at once became an active and useful member of the Medical Society. Nothing ever prevented his being present at its regular meetings; during the three years of his membership, his name cannot once be found among the absentees. He was also connected with several charitable institutions. At the time of his death, he was acting as attending physician to the Newark City Dispensary, attending surgeon to the Eye and Ear Infirmary,

and had just been appointed in charge of a clinic connected with the out-door department of "St. Michael's Hospital."

Dr. Clarkson entered the profession with glowing and brilliant prospects. Already ripe in knowledge, few young men enter its ranks with a mind so fully stored with its great leading facts and theories, or with such readiness in the application of its practical callings. He was a diligent student, a close observer, and a careful practitioner. His aims were high and ambitious, but he would rather fail in attaining them, than to do so by any deviation from the fair and direct path, or by any cringing or reproachful means. His professional reputation, in which he took such especial pride, he was daily extending, and had already gained a success far above the usual expectations.

In stature he was a little below the medium height, though he was dignified in appearance, and easy and graceful in his manners. He was particularly distinguished for great integrity of character, and an inviolate regard for truth. Upon all occasions he exhibited the manners of a true gentleman, and his conversation was instructive, and entertainingly adorned with the effusions of a brilliant and lively imagination.

In a word, he was a young man with a heart filled with generous impulses, and deeply imbued with warm and ardent feelings of love for humanity. To many in the profession, he was attached with greater ties than usually bind them. In him they found a true and loving friend, a faithful and confiding companion, and an exemplary brother.

For several months previous to his last illness, his friends were pained to see a gradual but perceptible decline in his health, although no particular disease was discernable. He died suddenly,—almost instantly,—and in full possession of his mental faculties, after a short illness of but three days, from the rupture of an abscess in the region of the glottis, causing a convulsive seizure which only relaxed with death. A post mortem examination was made, in the presence of a large number of medical gentlemen, which resulted in the confirmation of the diagnosis and theory of death.

The funeral services were held in the First Methodist Protestant Episcopal Church. There was a very large congregation of his friends in attendance, completely filling the edifice. The Essex District Medical Society attended the funeral in a body. His remains were interred in the Fairmount Cemetery.

EDWARD INGLETON GRANT, M. D.

BY THOMAS J. CORSON, M. D.

Edward Ingleton Grant, M. D., son of William and Martha R. Grant, was born in the city of Trenton, Mercer county, New Jersey, on November 11th, 1812, and died in the same city, on the 13th day of March, 1871.

He received his preliminary education in his native city, and then entered upon his collegiate course at Nassau Hall, in Princeton, New Jersey, whence he graduated with honor in 1833.

His medical studies were pursued at Trenton, N. J., under the direction of Dr. James T. Clarke.

He received his medical degree at the University of Pennsylvania, in 1837, immediately after which he commenced the practice of his profession in the city of his birth, where he continued to reside and pursue his vocation until the time of his decease.

In 1839 he was married to Miss Mary Westcott Roe, of Woodbury, N. C.; and of a family of four children, the widow and two daughters survive him.

As a physician, Dr. Grant was eminently successful and popular, not by any effort at show, or fictitious brilliancy, but by close study and careful investigation of every case which he treated. When a patient was placed in his charge, he deemed it to be a sacred duty to bestow constant and unremitting attention to the case, bringing all his knowledge and scientific acquirements to the relief of the sufferer, as he recognized and acknowledged to the fullest extent the responsibility which a physician assumes when human life is placed in his hands. Feeling thus, he was careful to keep pace with the progress of the science of medicine, and to make himself thoroughly acquainted with medical literature and the discoveries of the age. In this manner he qualified himself for the performance of his duties, and gained, as he merited, the entire confidence and heartfelt love of those who placed themselves under his care.

In all matters he faithfully followed his conscientious convictions of duty, regardless of the sacrifice of self which such a course might require. Fearless and firm in his views upon all subjects, still he was always gentle and considerate in the expression of those views, ever regarding, with great care, the feelings of others who might hold different opinions, and ever careful to avoid giving offense. During an intimate personal and professional friendship and communion with the deceased for nearly twenty years, the writer has never heard him speak harshly or unkindly of his fellow men.

Naturally reticent and of a quiet disposition, he possessed in a remarkable degree those virtues of character so essential to a physician,—silence and circumspection. No professional secret ever escaped his lips,—the follies and weaknesses of his patients, which sickness so often betrays in frail human nature, were never made known by him,—so that all who trusted him, never had cause to regret the confidence reposed in him.

He was an active Christian, ever ready to perform those duties which the love of Christ devolved upon him. But what he did and what he bore, was done and borne quietly and unobtrusively; as he preferred to have the substance, rather than the form and show of godliness, thus illustrating the beauties of the Christian character more by practice than profession. At the time of his death, he was a member of St. Michael's Episcopal Church, of this city.

For many years Dr. Grant was subject to severe and prolonged attacks of inflammatory rheumatism, which eventually caused very great cardiac disturbance. For over two years the heart symptoms were very prominent, causing him great pain and distress. Drs. John Wolverton, James B. Coleman and W. W. L. Philips were associated with the writer, in the treatment of Dr. Grant during his last illness, and it was the opinion of all, that great hypertrophy of the heart, with valvular insufficiency, existed. This opinion could not be positivsly verified, as no autopsy was made.

During his last sickness, which continued for five weeks, the dyspnœa and insomnia attending the case, were distressingly severe. As an evidence of this, it need but to be stated, that during one night, in a space of not more than ten hours, he took one hundred grains of hydrate of chloral, and fifty drops of McMunn's elixir of opium, without having sleep produced, or the dyspnœa materially improved. And yet, during all these weary days and nights of agonizing pain and suffering, no impatient word escaped his lips. He bore his trials and afflictions with that calm resignation and gentle patience, which none but the true Christian can feel.

LORENZO F. FISLER, M. D.

BY R. M. COOPER, M. D.

Dr. Lorenzo F. Fisler died in Camden, New Jersey, March 30th, 1871, in the 74th year of his age. He was the son of Dr. Benjamin Fisler, for many years a well known and highly esteemed practitioner of medicine in Port Eilzabeth, in Cumberland county, where the subject of this notice was born, and where he resided until 1837, when he removed to Camden, and has for many

years engaged in active practice. Dr. Fisler graduated at the University of Pennsylvania in 1818, and was in active practice until a little over a year ago, when he was attacked with symptoms of softening of the brain, which obliged him to relinquish practice, and finally proved fatal. His remains were interred in the old family burying place at Port Elizabeth, April 1st, 1871, to which he was removed at his own request.

Notices of Drs. DAYTON and CONOVER form a part of Dr. Thomason's "History," &c., in the previous pages of this volume.

REPORTS OF DISTRICT SOCIETIES.

BERGEN COUNTY.

Chairman of Standing Committee, &c.:

I have only received reports from two of the physicians of the county. From these, it will appear that there has been rather more than the usual amount of sickness during the year, but nothing has occurred calling for special notice, excepting the prevalence of Intermittent Fever—several cases of Scarlatina Maligna,—and Pneumonia.

A. S. BURDETT, *Reporter.*

HACKENSACK, N. J., May 28th, 1871.

COMMUNICATION BY DR. NEER.

During the months of September, October and November last, there were, in this district, a few cases of Scarlatina, of a mild character and terminating favorably. No other cases occurred until February 20th, when a child, aged six months, that had been a few days before in Paterson, was attacked with scarlatina maligna, terminating fatally on the second day. The mother afterward had a severe attack of it. About the same time a child from Hackensack, visiting in the vicinity, had scarlatina, not severe, but somewhat protracted. During the months of October and November last, there were several cases of diphtheria in this vicinity. One terminated fatally, by extension into the larynx, and one left extensive ulceration of the Schneiderian membrane. There also occurred, about the same time, an unusual number of cases of croup. During the past few weeks, there has been an epidemic of measles in that part of Rockland county, N. J., embraced in my practice. About twenty-five cases have come under my observation. The catarrhal symptoms were somewhat severe; a few had pneumonia, and one had a strange anomaly of nervous symptoms, resembling severe chorea. Among other diseases, nothing of note has occurred.

PARK RIDGE, March 1st, 1871.

Communications by Dr. Hasbrouck.

No. I.

In communicating the result of my observations in reference to the diseases of the last six months, their character, treatment, etc., I would remark, that while there has certainly been more than the average amount of sickness, the prevalent diseases, with a single exception, have only been such as are usually met with during the Spring and Summer months. For example, I have not seen a case of diphtheria, nor of typhoid fever, since the date of my last semi-annual report; and but a single case each of scarlatina and measles, and two cases of whooping cough have occurred in my practice since the first of March. The cases of scarlatina and measles appeared to originate spontaneously, and although other children were exposed, the disease has not extended beyond those first attacked. The two cases of whooping cough are at present under treatment.

The ordinary pulmonic and catarrhal affections of the winter, continued to a greater or less extent until late in the Spring,—pneumonia, broncho-pneumonia, and particularly sore throat, being especially prevalent, but at the same time presenting nothing in their character, or indications of treatment, that calls for special notice.

Early in the summer, bowel complaints began to prevail, and through the whole season, or at least until the latter part of August, were, I think, more frequent and severe than usual. Dysentery, however, must be excepted. Of this disease I have only seen a very few mild cases. But diarrhœas, and particularly cholera morbus and cholera infantum, have been unusually prevalent, and the last unusually fatal.

Cholera infantum began to prevail earlier in the season than usual,—my first case occurring early in June—and continued through the whole Summer, or until a fortnight ago. The disease, as it has occurred in my practice, was unusually violent, tending early to great prostration. Infants apparently in robust health, after a few discharges from the bowels, and perhaps vomiting a few times, would at once sink into a state approaching collapse, with sunken eyes, cool or cold surface and livid extremities, &c.; requiring early and free use of active stimulants. In my experience, the disease was confined entirely to children brought up, wholly or in part, by the bottle, or on artificial food. I do not now recollect a case in a child confined exclusively to the breast.

In the treatment of this affection, I am accustomed to rely principally upon measures directed to the improvement of stomach digestion. Pepsin and bis-

muth, or oxalate of cerium, with or without minute doses of calomel, or calomel and Dover's powder, occasionally, as the color and character of the dejections may indicate, have in my experience had the best effects in quieting the irritable stomach and bowels, and promoting digestion. Mustard to the epigastrium, a flannel bandage to the belly, and constant attention to the diet, are also of the utmost importance. The ordinary astringent mixtures, chalk mixtures, etc., it seems to me, are worse than useless. Fresh air out of doors, and perfect ventilation within, are essential to successful treatment.

In spite of every effort, however, several of my cases proved fatal—some of them within a few hours after seizure, others after several days,—the children dying, perhaps, with symptoms simulating acute hydrocephalus. In a few cases, in which death appeared to be imminent, the child has rallied under the free use of stimulants, particularly the spirits of ammo. aromat. and brandy.

The only other fact of special interest that has fallen under my observation, in connection with the diseases of the past six months, is the sudden abrupt appearance, and unusual prevalence of intermittent fever among us the last few weeks.

Hackensack has for many years been almost entirely exempt from the malarious forms of fever. Such, at least, has been the case during the fifteen years that I have resided in the village. During that time, isolated cases o intermittents have occasionally occurred, but so seldom as scarcely to be recognized. Within the last few weeks, however, there has been a sudden irruption of this fever among us, and it still continues to prevail to a considerable extent.

Early in April, two cases occurred in my practice, in infants of a few months old, which I did not at first recognize as intermittent fever at all, the disease occurring so rarely among us. In the first case, the child appeared as if it had taken cold, coughing a good deal, with dry bronchial tubes, and fever. The next day it was better, and I did not again see it in several days. I was then told that it again had fever, etc., and on more careful watching, I found that I had a case of intermittent fever. The other case was in a child convalescent from a very severe attack of capillary bronchitis, or broncho-pneumonia. In this case, also, several paroxysms occurred before I discovered the true character of the disease. Both recovered readily on quinia, followed by Fowler's arsenical solution, in small doses, to prevent a relapse.

After these cases, I do not recollect having another until late in June, and it was not until late in July that the fever burst upon us, and prevailed to

any extent. Even now, perhaps, it scarcely deserves to be dignified by the name of an epidemic; but its occurrence is so unusual, that it has excited a good deal of attention and alarm among our citizens.

The causes of this sudden and unusual prevalence of the disease, I apprehend, must be sought in the intense and protracted heats of the past Summer. The last Winter was exceedingly mild. For most of the time, the ground remained uncovered with snow, and free from frost, the grass remaining green almost the whole Winter. This was followed by an early and warm Spring, vegetation being perhaps a fortnight earlier than usual in June. The catalpa, for instance, which usually blooms in the first week in July, was in full bloom the third week in June; and on the 4th of July, when we always expect to see the tree in full bloom, it had already dropped nearly all its blossoms. Early in June, the heat became intense, and remained so, continuously, through June, July, and most of August. Even the violent thunder storms which occurred several times during this time, did not seem to relieve in the least the great heat and oppressiveness of the atmosphere.

That this long-continued and excessive heat had something to do with the prevalence of the fever, cannot be doubted. But whether through its direct effect upon the skin and nervous system, or through the development of malarious or other poison, may be a question. I apprehend, however, that we have yet much to learn in reference to the etiology of the so-called malarious diseases; and in the present state of our knowledge, it is wiser, perhaps, not to indulge in theorizing upon it.

P. S.—Since writing the above, another case of scarlatina has occurred in the same family, the patient being a sister of the one above mentioned. The first case was taken August 22d; the last, September 2d. I have also learned that one of the children exposed to the case of measles has also taken the disease.

SEPTEMBER 1ST, 1870.

No. II.

Intermittent fever, which, as I stated in my semi-annual report of October 1st, 1870, had prevailed to some extent all through the Summer and early Autumn, continued to show itself until late in the Winter, but mostly in those who had the disease before. Since the last meeting of our District Society, in October, when Dr. Stuart drew our attention to the sulph. cincho-

nia, in the treatment of malarious fever, I have made use of it in most of my cases, and with entirely satisfactory results. From fifteen to twenty grains, given in the intermission, has uniformly arrested the paroxysms, and that without any of the distressing head symptoms which sometimes follow the use of quinia, and without the nausea and vomiting which chinoidine in full doses is very apt to produce. These qualities, with its comparative cheapness, make it valuable, and to me it is singular that it is not more generally prescribed by the profession.

The only other facts in connection with the diseases of the past six months, of any note, are the prevalence of scarlatina, and the frequency of cases of pneumonia. In the latter part of December, scarlatina began to prevail, and has continued to do so until the present time.

Most of the cases were of the milder form of the disease, but in several it assumed a more anginose character. Three of my cases were fatal, two of whom were infants at the breast, and the other a feeble boy of twelve years old, who died on the fourth day, apparently overwhelmed by the virulence of the poison. Dropsy, with albuminuria, has followed in about one-sixth of the cases, one of which is yet under treatment.

Pneumonia, which, it seems to me, has prevailed to a greater extent for the past few years than before, has been even more common than usual during the past Winter. From the first of December until the last of February, I was called to no less than eighteen cases, in private and consultation practice, of which seven were double. The disease has also seemed to me of a more highly sthenic character than a few years past, requiring the prompt and energetic use of active sedative treatment. In my own cases, I have not resorted to blood-letting—not because of any prejudices against the lancet, nor because of any doubt as to its value, but because I believe that in most cases the same indications can be as certainly and as well met by the use of *veratrum*, *antimony* and the *neutral salts*. In this connection, I beg leave again to express my great confidence in the veratrum as a cardiac sedative in the treatment of this disease. In my experience, when given in doses of from four to eight drops of the saturated tincture, every hour or two, it never fails to bring down the pulse to and below its natural standard of frequency in a short time, with relief to the breathing as marked as that which will frequently result from a full bleeding. Then, by a little watching, it may be kept there. And *I know* that by this treatment alone, the disease can be arrested in its earliest stage, before any great damage is done to the lung structure.

HACKENSACK, April 1st, 1871.

BURLINGTON COUNTY.

Chairman of the Standing Committee, &c.:

We have had to deal with a considerable variety of sporadic diseases, and a few epidemics, mild in form.

Epidemic Roseola still continues to be the master epidemic. Its symptoms are sometimes grave, and differ widely from those of the common rose rash. Severe inflammation of the fauces, attended with exudation of much catarrhal matter, or false membrane, on the tonsils and adjacent parts, were sometimes the most prominent symptoms. Also, inflammation of the submaxillary glands, extending to and ending in great tumefaction and suppuration of the cellular tissue, were occasionally seen. Sometimes a furfuraceous desquamation was one of the sequelæ. The etiology of diphtheria, scarlatina, and other zymotic diseases, warrant the assertion that this disease, also, is dependent on zymosis.

The suppuration of the submaxillary glands, and the exudation from the fauces, are just as much the evidence of catalysis in this disease, as the principal symptoms of the other zymotic diseases are the result of fermentation.

In affections of this class, from whatever part the disease is thrown off, that is the one that probably will suffer most. The disease is almost always confined to children. As adults have it very slightly, it may be owing to the fact that they do not swallow the discharges from the fauces,—and thereby prolong the disease by supplying the blood with fermenta morbi.

The treatment of this disease consisted of warm baths, frequently repeated, Watson's chlorine mixture, and when apyretic, tinct. ferr. chlo., &c.

Dr. Townsend has written, "Early in May, a few sporadic cases of Scarlatina appeared in a mild form, but they increased

in severity until June, when seventeen cases occurred, of a malignant type. One died on the third day, and three died in the later stages of the disease, from pyemic absorption." In the few districts with which I am acquainted, malarious diseases have not been as numerous as heretofore. Those on the northeast sides of streams were their principal long abodes.

At this time several are sick with intermittent fever; some of whom did not have it since last fall, others who did not have it until now for several years.

Farmers, and those whose occupation subjects them to rains, are by far the most frequent subjects. Dr. Townsend reports, "We had in the delta formed by Perkins' lane on the east, and the Delaware and Rancocus rivers, a general epidemic of intermittent and bilious remittent fevers, persistent, but not fatal in its character, except in the hands of homeopaths, and other charlatans. Quinia, in divided doses, usually broke the chills; but they as invariably returned on the first or second week, unless the quinia was continued. As to the prevalence of bilious diseases, I attribute it to the January freshets and high tides, which broke over all the river dykes, and for months submerged grounds which were afterwards exposed to the unusually hot weather of the summer months, and I think I am upheld in this opinion by similar results all along the Delaware from the bay to Trenton."

The most unusual case of intermittent disease, was that of a gentleman aged seventy-five years.

The prodromic signs were atrocious pains, which began in the feet, and gradually advanced up the lower extremities and body. They began A. M. of every third day, increased in severity for three hours, when insensibility came, which did not leave until bed time. During the intermediate days, he apparently was, as he himself thought, well. No cold, hot, or

sweating stage constituted a part of the disease. No noise or pinching could start or arouse him. During the attacks, he lay in bed, constantly moaning and muttering. Small doses of arsenic and iron, with large ones of quiniæ sulp., were given during the intermissions. After several weeks he got rid of the attacks, remained well several weeks longer, and died suddenly, without any premonitory symptoms of approaching death.

Of the diseases peculiar to women, the most important have been those connected with pregnancy. A few cases of retained placenta, with flooding, were treated with small doses of opium and acetate of lead, ergot, the tampon, or vaginal injections of diluted Monsel's solution. For other uterine hemorrhages, the tinct. Erigeron Canadense proved to be a valuable hæmostatic.

One died in child-bed, on the sixteenth day after parturition, of ovarian abscess. Large quantities of pus passed per vaginam, and a large quantity was found in the cul de sac of the peritoneum, in the right side of the pelvis, and the recto vaginal space.

The peculiarities of the case were that her mind was clear from first to last; her hearing became exceedingly acute; was apyretic; had diaphoresis—almost colliquative sweats; and that by neither palpation, nor any physical exploration, could the disease, during her life, be detected. And if the pus escaped in part through the fallopian tube, its diameter must have been considerably larger than it was at the examination post mortem. Chronic cervical endometritis is the most common of uterine diseases. Constitutional remedies make but little impression. The most successful plan, is the direct application of the solid arg. nit. The same remarks apply to chronic corporeal endometritis.

The application of the remedy in these diseases is best

accomplished with an iridium probe, on the point of which the arg. nit. is fused.

Dr. Townsend reported to the County Society a peculiar case of "fistulous opening from the duodenum, and through the fundus of the body of the uterus, resulting in death."

In obstetricy, chloroform has been safely administered in many cases, for several years. It is a valuable assistant to the obstretrician, in the obstreperous cases, and of great benefit to the parturients,—particularly to those whose labors are protracted or difficult.

When the os uteri is thin and unyielding, a few inhalations of chloroform, repeated at short intervals, relaxes the circular fibres, and greatly shortens the first stage.

In puerperal cases, daily vaginal injections of warm water, or of antiseptic ones, when the discharges are offensive, prevent the septic fluids from poisoning the woman by absorption.

In Dr. Townsend's practice, "a primipara case of a young woman, nineteen years of age. Immediately after the first pains of labor set in, she was attacked with convulsions. On examination, I found the os dilated about the size of a half dollar, and the head presenting. Finding it impossible to turn, and the convulsions returning every fifteen or twenty minutes, I opened the head, and after great difficulty succeeded in delivering, about four hours after the commencement of the convulsions. The convulsions continued about twenty-four hours, and the patient died.

The convulsions were of a hyperemic character, and depletion therefore not admissable."

For the convulsions of children, which were caused by an excited state of the arterial system, interfering with the due performance of the functions of the nervous centres, the subcutaneous injection of a very few drops of the tinct. ex. aco-

nite, as recommended by Dr. Bowstead, in the Lancet; for the eclampsia of parturition, or of tr. verat. vir., which Dr. Townsend, of Beverly, prescribes for eclampsia, has been practised. The force and frequency of the pulse are in a very few minutes reduced, and the convulsions soon after cease. It is worth recording that a cure of obstinate singultus was made by quinia sulp., in two gr. doses, every two hours. This disease came during an attack of erysipelas. The subject, a gentleman seventy years of age, and very ill.

Various remedies had been ineffectually tried,—including musk, assafœtida, valerian, camphor, chloral, chloroform, opium, &c. When the quinia was omitted, the disease returned, and left when it was resumed.

As we have to deal no longer with pneumonitis and pleuritis of the dynamic type, venesection is not practised in their treatment.

Not in these alone, but in all others, the prevailing type is adynamic. When the transition from the present type to the dynamic occurs, it is probable that it will take as long to discover that a more energetic treatment will be demanded, as it formerly did, to induce the milder or tentative plan.

S. C. THORNTON, *Reporter.*

MOORESTOWN, May 1st, 1871.

CAMDEN COUNTY.

To Chairman of Standing Committee:

Camden County has, during the past year, enjoyed a fair amount of general health. We have been free from epidemics of every kind, and the ordinary diseases incident to the different regions have neither been very frequent or fatal in their character. At the period of the close of the report of

last year we noticed the fact, that Scarlatina of a severe character had been prevalent almost as an epidemic, in the city of Camden and some of the neighboring villages. As the warm weather came on this disease gradually disappeared, or at least ceased to occur in an epidemic form. During the autumn and winter it has been occasionally met with, but only in sporadic cases of not a very grave form. The same remarks will apply to Diphtheria, which has occurred to a slight extent during the autumn and winter months. This disease has, in several cases, proved fatal, from the extension of the disease into the larynx, involving in its course the epiglottis and vocal chords, causing almost entire loss of voice; the patient dying from deoxidation of the blood, owing to the difficulty of breathing. In some cases death was caused by the poisonous effect of the diphtheritic poison on the blood, after the acute attack had, to all appearances, passed off, and the local symptoms in the throat entirely disappeared. Some of the graver forms of this fearful disease got well from almost hopeless debility, by the use of iron and quinine by the mouth, and the persistent use of nutritive injections by the rectum. The injection seemed to supply sufficient nutriment during the crisis of the disease, while the little patient was unable or unwilling to swallow, by the mouth, sufficient nourishment to sustain life.

The Summer of 1870, in Camden County, like that of the preceding year, was noted for its very high degree of heat, and long-continued dryness, and freedom from storms or thunder gusts, the heat and dryness continuing until the middle of October. In consequence of the long drought, the streams and wells in many places became entirely dry, obliging the farmers to haul water for considerable distances, for domestic purposes as well as for watering their live stock. This want of water for domestic purposes was severely felt in

several of the villages in the County, causing an inconvenience that lasted for several months.

Notwithstanding the long continuance of hot and dry weather, the health of the County continued remarkably good. The only exception to this was in children under two years of age; among them Cholera Infantum was very prevalent, during July and August, in many cases seeming to resist every method of treatment. In such cases an entire change of air seemed to be the only chance to save the patients. A removal to the country or to the sea shore had a very beneficial effect in many cases,—twenty-four hours seeming to cause a manifest change in all the symptoms, so that in a few days medicines could be almost entirely dispensed with.

In the city of Camden several cases of acute Cholera Infantum were fatal, from the direct effect of the heat alone, the disease, in some cases, lasting not more than thirty-six hours from its first commencement; in such cases, as we have already mentioned, removal to a cooler atmosphere seemed to be the only remedy, or at least without such removal all of our therapeutics were of no avail. Dysentery, which a few years ago was very frequently seen in the summer and autumn months, was of comparatively rare occurrence. This may, we think, be in a great measure accounted for from the great diminution of malaria and miasma. In past years, when Intermittent and Remittent Fevers were constantly seen during the summer and early fall months, then it was that we so often met with acute Dysentery closely connected with these diseases; but of later years, since fevers have so very much diminished, Dysentery has also very much disappeared, for the reason that it was very much dependent upon, or at least closely associated with, malarious fevers.

The united testimony of physicians from all parts of the County agree in the assertion, that both Intermittent and Remittent Fevers have been on the decline for several years, and in some neighborhoods, where they were constantly met with every Summer and Fall, they have almost entirely disappeared. Whether this disappearance is permanent or only for a short cycle of years, time alone can positively decide; but as the causes of these diseases have almost universally been acknowledged to be owing to the prevalence, at certain seasons of the year, to the evolution of malaria from low grounds and swamps, and as these causes have in a great measure been removed, by means of surface and underground drainage, as well as by the clearing out of swamp and waste lands which were formed on almost every farm, it is but fair and reasonable to conclude that as the acknowledged causes have in a great measure been removed, the effects will cease to be produced. This is certainly true of the city of Camden, where the system of underground drainage, alluded to in several former reports, is still being each year extended, with a manifest and decided improvement in the health of the inhabitants of the districts in which such improvements have been made.

Dr. J. W. Hewlings, of Haddonfield, in a letter to your reporter, mentions the fact that in his circle of practice Remittent Fevers commenced last year quite late in the autumn, continuing more or less through the entire winter, into the spring months. They almost always commenced as simple tertian intermittents, which if neglected or improperly treated changed into a continued fever, often assuming a low or typhoid character.

Typhoid fever, as a distinct disease, has been of comparatively rare occurrence during the past year; but, as has been already mentioned, some forms of our ordinary continued

fevers, which began their invasions as simple intermittents, gradually passed into a fever of a low or typhoid character; but this form of disease we regard as distinct from the genuine Typhoid Fevers of later years, when the symptoms were of the typhoid character ab initio, and as such stamped the disease from the very first invasion; and the treatment was also of an entirely different character from the various forms of our ordinary autumnal fevers. In those latter forms of disease, quinine, and its different preparations, was always of advantage where it could be tolerated by the stomach; but in the true Typhoid Fever, quinine, in any form, rarely, we may say with truth never, had the slightest beneficial effect in cutting short or even in moderating the disease.

The winter of 1870 and '71 was much colder than for several years past, it being steadily cold from the middle of December until near the end of February; the thermometer in some exposed places reaching zero, the ground being covered with snow the greater part of the time. During the cold weather the health of the community was, as a general thing, very good, although Pleurisy, Pneumonia and Bronchitis were often seen, but could always be traced to imprudent exposure to cold after coming out of a warm room. From the same causes Croup and Catarrhs were frequently seen in children. As the spring approached, a great number of cases of Influenza were seen in the city of Camden and its vicinity; this disease was easily managed, except in young children or in persons advanced in life, whose powers of vital resistance were feeble; in such persons, barely able to carry on the vital functions in their ordinary normal state, an attack of Influenza was most generally fatal.

In addition to giving a general review of the sanitary condition of each County for the past year, it is also made the duty of the reporter to communicate to the Standing

Committee a history of any case of remarkable interest that may have come under the notice of the individual members of the District Societies ; but in the busy routine of daily practice comparatively few practitioners take notes of such cases as they occur; and although they may make a strong impression on the mind of the physician at the time, yet after the lapse of a few months fade away from the memory, and are thus lost to the great body of the profession, from the want of being properly noted down and communicated to the profession. So far as has come to the knowledge of your reporter, there has been an unusual number of difficult and dangerous cases of labor during the past year. Some of these have been preternatural, from either mal-position of the fœtus or from accidents occurring during the process of parturition. The difficult and tedious cases were, in some instances, owing to excessive rigidity of the os uteri and perineum ; in others to a faulty condition of the body of the uterus itself, or at least of the muscular fibres of the uterus, causing labor to last for two or three days, when all other things seemed to be natural.

Case.—Dr. Alexander McCray, of Camden, has communicated to us the history of a case of recovery from rupture of the uterus, which may prove of interest. The case was that of a colored woman, in her fifth labor, at full term; all of her previous labors had been tedious and difficult; she was always attended by a midwife, as was the case in the present labor. The doctor was called at 4 P. M., when he was informed, by those in attendance, that she had been in labor twenty-four hours ; she was found in an almost collapsed condition, pulse excessively frequent and feeble, respiration hurried, and countenance anxious, skin cold and clammy, with excessive tenderness over the whole abdomen, with only an irregular pain at long intervals, which pain was referred to

the fundus uteri. Stimulants were immediately given; an examination per vagina showed the os uteri to be fully dilated, with the head of the fœtus impacted at the superior strait, in a vertex posterior position, the head being firmly held against the pubic arch by a too prominent promontory of the sacrum. She had been in this condition fully six hours before Dr. Mecray's arrival; all pain, it was stated, suddenly ceased, after a violent expulsive effort, and she immediately sank into the collapsed condition in which the Dr. found her on his arrival. Delivery was at once attempted, by means of the forceps, but owing to the position of the head it was found difficult to make the blades lock so as to make sufficient traction. Dr. Alexander Marcy, was now called in consultation, and, upon a more careful and thorough examination being made, rupture of the uterus was then made out, one leg of the child, from the hip to the foot, being plainly made out beneath the parietes of the abdomen. The forceps were again applied, this time with success, and a firm hold secured on the head, which after a tedious effort was brought down to the inferior strait; the patient being in the meanwhile supported by whiskey, given freely and without stint. Her strength rapidly failing and the child being dead, it was deemed advisable to hasten the delivery by opening the head of the fœtus, which was easily done by means of Smith's scissors, the head being still held in the lock of the forceps. Delivery was then easily accomplished, and the placenta removed without delay. The woman was put to bed in a completely exhausted condition, and stimulants and milk punch ordered to be given freely through the night. Next morning she had rested a little, and the symptoms were more favorable. The next day the abdomen became tympanitic and very tender. Under the use of calomel, opium and ipecacuana and oil of turpentine, with blisters and poultices over the abdomen,

all these symptoms gradually disappeared, and the woman made a good recovery; and at the present time earns her living by going out washing. The case is interesting on account of recovery; death being the rule, and recovery the exception, in such cases. Also on account of adverse circumstances, to be found in extreme poverty. It is probable that only one leg of the fœtus escaped through the rent in the uterus, as this was all that could be felt through the walls of the abdomen; and consequently the head did not leave the superior strait.

Dr. Thomas F. Cullen reports the history of a case of extra uterine gestation at full term, which is furnished with this report.

RICHARD M. COOPER, *Reporter.*

CAMDEN, April 24th, 1871.

CASE OF EXTRA UTERINE GESTATION, OCCURRING AT FULL TERM.

BY THOMAS F. CULLEN, M. D.

On the 14th of September, 1870, I was called to see Mrs. C., and engaged to attend her in her expected confinement, about December 1st, 1870. She had had a miscarriage about seven years previously, at seven months, and one three years ago, at three months. She complained of malaise, but was in good spirits, although somewhat timorous about the result, and evidently feared another miscarriage. I saw her occasionally during the following month for slight fugitive pains in the abdomen, and on October 13th was called to see her, after having had a fall from the front door-step, while reaching to save a child in the act of falling. The abdominal pains were reproduced, but were easily relieved by opium and camphor, and almost entirely disappeared until November 22d, when they became somewhat more violent, and were again relieved by the same remedies, until the 26th of the same month, when they became persistent, and labor seemed to be coming on. The abdominal tumor was perfectly normal in appearance, and she was evidently at full term, although there was no "show." I made a vaginal examination, and was unable to find the os uteri, although the finger came early in contact

with a hard, smooth body, and dipped into a sulcus which could be touched and clearly defined in all its parts, except at a point a little to the right of the symphisis pubis, about opposite the external abdominal ring, when its depth could not be reached by the finger, although a slight rigidity led me to suppose I was approaching the os uteri. Supposing there was an abnormal formation of the uterus, most probably inverted retort neck, in order to allay the nervous irritation caused by pains that were seemingly of no avail, and also to produce relaxation of the circular fibres of the os uteri, I gave an anodyne, expecting in the evening to find a more satisfactory state of affairs, or at least be able to touch the os tincæ. But I was disappointed, as everything remained about the same at the next examination, in which state they continued during the 27th and 28th, with the exception that the pains were less frequent and violent, doubtless being controlled by the anodynes administered. No change was observed on vaginal examination, except that on the 28th there was a slight rose-colored show.

In view of the case, one of four conditions seemed necessarily to exist. 1st. Distortion of the neck of the uterus forward, (like an inverted retort), and inclining to the right of the symphisis pubis.

2d. Great anteversion of the uterus, with distorted neck, throwing the os uteri high up towards the promontory of the sacrum. 3d. Entire occlusion of the os uteri. 4th. Extra uterine gestation.

I was inclined to adopt the first of these as the proper diagnosis in the case, viz: An inverted retort neck of the uterus, with the os lying about opposite the external abdominal ring of the right side, as I had distinctly felt what I could only describe as a rigidity symptomatic of the immediate neighborhood of the os uteri at that point.

At my request, Dr. J. V. Schenck met me in consultation next morning, the 29th inst., and by a thorough digital examination by both of us, we detected what we believed to be the outer edge of the os uteri, high up, directly opposite the external abdominal ring of the right side. The examination was followed by a slight pinkish discharge, the examining finger being also slightly discolored by it. The diagnosis made the night previous was confirmed by Dr. Schenck's opinion, and we decided that one of two conditions existed, viz: inverted retort of os uteri, or extra uterine gestation. The anodyne treatment, by hypodermic injection, (her stomach being sick), was continued, under which treatment she remained tolerably comfortable, but positively refused to have another vaginal examination made, unless she was put under the influence of ether, which was done on the morning of the 30th, Drs. Schenck and Ridge being in consultation. Under the influence of

the anesthetic, with very considerable effort we were able to feel the os uteri, and could insert the tip of the fore-finger into the os tincæ, which was slightly dilated and dilatable. Some moderate efforts were made to bring it into line with the axis of the superior strait, but they were not persisted in, as they were futile and might be dangerous.

The examination made only confirmed the opinion at first entertained, viz: an "inverted retort neck," in which we all perfectly agreed, and we hoped for some favorable change during the day. The propriety of the cæsarian section was discussed, in the event of its not taking place, but was abandoned on account of the evident signs of peritoneal inflammation that were observed.

In the morning it was found that no change in the uterus had taken place, and the woman was rapidly sinking from exhaustion, although supported as much as possible. She continued to sink rapidly during the night, and died undelivered on December 2d, six days from the commencement of her labor, A post mortem was made thirty-four hours after death, Drs. Schenck, Ridge, Marcy, White and myself being present. It revealed a cadaver not emaciated, and with a perfectly normal condition of the abdominal tumor. Upon opening the abdominal walls, adhesions were found, extending from four inches above the umbiticus, describing an arch of about six inches in diameter towards the right side of the umbilicus; also adhesions on the left side, extending to the crest of the ilium of the same side. There were great evidences of the peritonitis, and entire adhesion of the omentum. The uterus was found to be six times its unimpregnated size. The os was discovered exactly opposite the external abdominal ring, in the exact position diagnosed by vaginal examination. The body of the uterus was entirely retroverted, and the fundus was forced against the promontory of the sacrum. The sulcus, which upon our vaginal examination we found so perfectly defined, except at the point where the signs of the os uteri were discovered, was the posterior wall of the vagina stretched over the posterior portion of the body of the enlarged and retroverted uterus. Upon opening the thin adventitious sack, which enclosed the child, it was found lying in the abdominal cavity, transversely, the head in the right hypochrondiac region, the back presenting towards the diaphragm of the mother, the buttock in the left hypochrondium. The placenta, which was attached to the walls of the abdomen in the right hypochrondiac and lumbar region, was nourished by the mesenteric arteries, and was firmly adherent. It weighed about four pounds. The child was of full size, and weighed nine pounds. It had a hare lip and a club foot.

Remarks.—The post mortem evidently showed a mistake in diagnosis,

which, however, was not positive, except as to the position of the os uteri. What led to the mistake in diagnosis, was the fact that the uterus, although not impregnated, had attempted to perform its functions instinctively, fecundation being present in the body of the woman, the great enlargement of the womb, its perfect retroversion throwing the os uteri entirely out of reach, except under anesthesia, together with the fact that the os was slightly dilated and dilatable, very naturally led to such an opinion; for we do know that pregnancy in an inverted retort uterus, dependent upon great anteversion, might produce just such an apparent condition of affairs; and the entire absence of any positive diagnostic symptoms of extra uterine gestation, especially in cases where the os and neck of the uterus cannot be thoroughly examined, and where the uterus has instinctively enlarged itself, may be some apology for a non-arrival at a correct conclusion on our part. One thing is certain: had we known the patient's exact condition, (which we learned by post mortem examination), no other treatment than what she was subjected to would have been more proper, and any other interference would have been positively mischievous, and would have resulted in hastening her death.

CAPE MAY COUNTY.

Chairman of Standing Committee, &c.:

The medical history of Cape May county, for the past year, presents nothing of special interest. The usual summary of diseases, is all I can offer for the consideration of the profession. In one thing only has it differed from former years, and that is in the unusual amount of sickness. There has been at least a third more sickness than I have known for the last twenty years, and yet we have had no epidemic of any kind prevailing. In the late Winter, and through the Spring months, there were a few cases of scarlet fever, a sprinkling of measles, and some whooping cough; but, for the most part mild, and quite amenable to treatment. Diphtheria, in its modified form, has shown itself all through the year, with now and then a case of the true form of the disease, but fatal

in only one instance. There were, last Spring, four cases of mixed disease; either irregular scarlet fever, with severe diphtheria, or severe diphtheria, with an irregular and badly developed rash. It was scarcely possible to determine to which class of disease to assign the cases. They all sank and died on the fourth day, in spite of the strongest stimulants and tonic treatment, from the terribly prostrating effects of blood poison. We have had, too, a few cases of pneumonia, of a pretty severe form in some instances, but yielding readily to treatment adopted, the basis of which was verat. viride. I must here be permitted to speak in praise of this drug, in the treatment of pneumonia. I have been using it freely for ten years back, and have come to rely upon it with almost as much certainty as upon quinine in intermittents. I trust to it almost exclusively in pneumonia, using very few adjuvants, and it rarely disappoints me. I feel satisfied there is some power in verat. viride., besides its ability to reduce the heart's action. I have seen its beneficial effects upon pneumonia, when there was not enough reduction to make any account of. I mix the saturated tincture of dried root with syr. simple, or syr. scillœ, equal parts, and begin with ten drops, and increase one drop every four hours until the disease moderates, or the stomach rejects it. Can generally get up as high as twenty to twenty-two drops, before the stomach is sickened. Then the dose is lessened three or four drops, and if necessary increase as before.

During the Summer, the usual amount of cholera infantum, but less than usual of dysentery. Through the Fall, intermittents and remittents, the latter sometimes of a typhoid character, not differing much from former years. Ague and fever, which has prevailed more than usual during the fall and spring months for some years past, has very considerably diminished, and we are getting back to our old stand-point.

While upon this subject, I can say that I fully concur in the views expressed by my friend, Dr. T. T. Price, of Tuckerton, in regard to malaria. Our salt marshes generate no malarial poison. The causes are apparent. The material of which they are composed, so far as it is vegetable, is the decayed plants that can live only in salt water, and their decomposition is so influenced by the particles of salt contained in their structure and upon their surface, that malaria is not generated. The supply of salt cannot fail, for at least twice in each month, during the "spring" and "neap" tides, the whole meadow is overflowed to a greater or less extent by salt water, as also by the tides driven in by frequently occurring easterly storms. As proof of this, we can instance the exemption from chills and fever of the inhabitants of our beaches and the little city of Cape Island, while upon the main land miasmatic fevers are very prevalent. I am told by my father, Dr. S. S. Marcy, who has practiced medicine here for fifty years, that until within the last five years, he never knew a case of Chills and Fever originating on the Island; the few cases which occurred there being traceable, in all cases, to the influence of the malaria of the main land, to which the parties had been exposed a longer or shorter time. The island is separated from the main land by a strip of salt meadow, from one hundred yards to half a mile in width, with a little stream of salt water winding through it, not more than fifteen to twenty feet wide. I believe, too, that the salt meadow not only does not generate malaria, but that it acts as an absorbent of the poison, when blown across it. In no other way can I account for the exemption spoken of above. As frequent as Chills and Fever are on the main land, some of the poison would be carried across the little stream, only twenty feet wide, if it were the only barrier. Within the past five or six years, there have been some cases of Intermittents or Ague on the

Island, not traceable to outside influence. Precisely about that length of time, the spirit of improvement has been "marching on." Quite a space of salt meadow has been filled in with, first sand off the shore, which was all well enough, but the redeemed land was dressed for about a depth of twelve to fourteen inches with surface soil from the main land, and during the same time, too, many of the streets were ploughed up and graded, by which means a considerable amount of new soil was brought under the sun's influence, upon the surface. The consequence has been the occurrence of more cases of Chills and Fever among the inhabitants in five years, than had been known during the preceding fifty. In regard to the main land, the causes of malaria are apparent. The drainage of the lower half of Cape May county is exceedingly bad, a few little streams accomplishing all that is done; while the middle of land, (I cannot call it ridge), between the bay and ocean, is filled with "swamps" of stagnant water. These are overflowed by the winter and spring rains, and drying up in summer, constantly leaving more or less decaying and decayed vegetable matter exposed to the hot sun, to give off the poisonous exhalations from which we suffer. Intermittents have been very prevalent for the past three or four years, caused doubtless by the excessively wet winter and spring months, succeeded by hot, dry summers. I do not think Cape May county can be called by any means unhealthy. We can count as many inhabitants that have reached their three-score and 'ten, and even four-score and four-score and ten, as any sister county; but Phthisis is as common with us, as it seems to be, at least, in other counties. The sea air is evidently not a prophylactic, the mortality from this disease keeping up its average here about equal to most sections of the country. Although the amount of sickness has been greater during the past year than usual, the mor-

tality has been less; probably because no disease was epidemic. I append a report of an interesting case by S. S. Marcy, M. D., Cape May City.

F. M. D. MARCY, M. D., *Reporter.*

CASE: BY DR. S. S. MARCY.

Was summoned to attend Mrs. —— at 9½ o'clock A. M., August 8th, 1870. Liquor amnii escaped at 7 o'clock A. M. Labor proceeded naturally, and delivery accomplished at about 11 o'clock A. M. Full grown female child. Nothing abnormal about the case. At about 8 o'clock P. M., a sudden gush of water of a pint or more occurred, flooding everything. It resembled liquor amnii in appearance and smell. It was ejected with force, as though by contraction of the womb. Found the uterus well contracted, about the usual size. This was followed by other gushes, at intervals of a few hours, lessening in quantity until the 14th. No secretion of milk until the 18th. Lochia, normal; bladder and urine, normal. During this time the womb could be felt, contracted to its natural size, and somewhat tympanitic. She was treated with mush poultices, filled with sp. turpentine, and made as good a getting up as usual. The water was evidently from the womb, as it had no smell or appearance of urine, and came with such suddenness and force as to preclude all idea of its coming from the bladder.

CUMBERLAND COUNTY.

Chairman of Standing Committee:

The sanitary condition of our County during the last year has been remarkably good. Seldom have twelve months rolled by so generally free from all sorts of epidemics and endemics. Dr. E. E. Bateman, of Cedarville, writes me that in a practice of thirty-seven years, he never saw anything approach so nearly the standard of health; indeed this is the universal testimony of the physicians of our County, most of whom I have consulted, either in person or by letter. There has been

a slight epidemic of Whooping Cough and of Measles, and these of a very mild type. The usual bowel affections of the summer, the fevers of the fall, either Remittent or Typhoid, and the cases of Pneumonia and Bronchitis were unusually limited. A few cases of Diphtheria occurred in November and December, in Dr. Tomlinson's practice, some of which proved fatal. In another locality, Lower Hopewell, near Bridgeton, there were also a number of cases of Malignant Diphtheria met with by Dr. Potter, remarkable for their severity and quick fatality. Of three very severe cases, one died from poisoning of the whole system, another from strangulation from great enlargement of both parotids; the third by great care and attention recovered. Several more felt the influence more or less severely. These cases extended over a very limited neighborhood, near the marshy grounds of the Creek, and by careful sanitary precautions were hindered from making greater progress. Dr. W. Elmer, of Bridgeton, found the Hydrate of Chloral of great service in the treatment of Whooping Cough, relieving the whoop in a few days, in doses of gr. ij. to v., according to age of the child, and repeated about every four hours. The same gentleman has been particularly pleased with the treatment of Carbuncles Boils and Felons with Sol. Permang. Pot., and with Carbolic Acid and Glycerine, diluted. He says they cleanse, soothe and heal, without the great sloughing and pain and consequent prostration he used to have under the former treatment.

Our County Medical Society is in a very flourishing condition. We number about twenty regular, and one honorary member, Dr. Fithian, of Greenwich, who in 1818 was the first Secretary of this now venerable Society.

Our meetings are held semi-annually, in April and October, and are looked forward to as seasons of intellectual and social enjoyment, as well as of profit.

The question, "Are miasmatic diseases produced by salt marshes?" was introduced before the Society for discussion, and it was unanimously decided "They are not;" every member present having something to say on the subject. Nearly all have more or less practice in the neighborhood of salt marshes, and the opinion of some was that the influence of salt marshes was beneficial in miasmatic diseases, through its tonic qualities. The "dirt" treatment of Dr. Hewson was discussed by Dr. Elmer, having tried it in four cases, one upon a wound of the head, where it worked like a charm. A female falling down stairs injured her head severely, and a large rhombus formed with slight abrasion of the skin. According to Dr. Hewson's plan, he procured some dirt from just below the surface of the ground, and having dried it by the fire, made it into a poultice with water, and placed it upon the head without removing the hair. The application was very grateful to the patient; it soon caused relief from all unpleasant symptoms, and in three days not a vestige of trouble remained. The other cases were upon open sores, and in these he was satisfied it did not answer as well as other poultices.

Dr. Newell, of Millville, recommended the use of Chloroform during labor; has used it in between seventy-five and one hundred cases, without any untoward result, save in two or three cases, where he attributed excessive hemorrhages to its use. He simply poured a small quantity upon a folded handkerchief, and allowed the patient to hold it herself, deeming the effect sufficient when she drops the handkerchief—he never produced complete Anæsthæsia, and only used it during the uterine contractions.

Dr. T. I. Smith reported an interesting case of transverse fracture of the patella, in a young woman, which healed nicely and made a good recovery in a few weeks, by application of

adhesive straps in form of figure eight around the knee, and with limb elevated on an inclined plane.

In the treatment of a very severe case of Erysipelas, some months ago, I tried the internal use of Bi-Sulphite of Soda, upon the recommendation of Dr. Nebinger (I believe) of Philadelphia, in an article on Erysipelas, published in the *Reporter*, according to the following formula:

℞. Sodæ Bi-Sulph. ʒ i.
Syr. Zing.
Aquæ ā ā ℥ ij.

S. A tablespoonful every three hours. To this I added an external application of the Sulphite, a table spoonful to water Oi, with Tr. Iodin. penciled just beyond the inflamed surface. I believe there is no better treatment. It seemed to control the disease at once, and in seven days the patient was discharged, well.

There is a cordiality and fraternal spirit existing between the physicians of our County, well worthy of imitation, and I truly believe these meetings tend vastly to strengthen the ties that bind them so closely together.

SAMUEL G. CATTELL, *Reporter.*

DEERFIELD, May 1, 1871.

ESSEX COUNTY.

Chairman of Standing Committee:

The diseases prevalent in this County during the past year, have, for the most part, been the ordinary diseases incident to season and climate.

Small Pox and Remittent and Intermittent fevers furnish the nearest approach to anything like an epidemic.

Small Pox has prevailed in Newark, especially in the outer wards, to a much greater extent than for several years previously, and new cases are still of daily occurrence. Such an epidemic furnishes a weighty argument for compulsory vaccination, under proper supervision. Only by such a method can we expect to succeed in stamping out this loathsome disease.

Of ninety-seven cases of Small Pox in Newark, during April, 1871, nine (seven of children and two of adults), proved fatal.

Intermittent and Remittent fevers prevail so extensively throughout the summer and autumn, that they also may be said to have become epidemic. Cases occurred in localities in which none have been observed for years before; and the intermittent influence has appeared to modify almost all other diseases, rendering the preparations of Cinchona necessary in the treatment of many. Occasional cases of Intermittent Fever occurred throughout the winter and spring, up to the present time. This unusual prevalence of sickness of miasmatic origin is doubtless due, at least in great measure (in addition to the causes stated in my report of the last two years, the dyking of the Newark meadows), to the extraordinary dryness of the summer and fall, by reason of which, in many localities, grounds ordinarily under water, were deprived of their watery covering and exposed to the direct rays of the sun, thus presenting the conditions most favorable to the production of miasmata. Probably the general prostration resulting from the great heat of the summer, was not without its effects as a predisposing cause.

In answer to the inquiry of the Chairman of the Standing Committee, "As to the effect of salt marshes in producing miasmatic diseases," it may be stated that there are no purely salt marshes in this vicinity; but there can be no doubt that

the extensive meadows lying between Newark and Elizabethtown, known as the "salt meadows," do produce all forms of miasmatic diseases.

The summer of 1870 was, as all will remember, an extraordinary hot one, and remarkable, among the heated terms of past years, for the large number of persons who died from the effects of the heat.

The Meteorological report of the *Newark Daily Advertiser* says of it:

As the summer now closed has established for itself a notable reputation, it may be interesting to compare its characteristics with those of its predecessors somewhat in detail. The temperature and quantity of rain in each season is given in the following table:

	Min. Temp.	*Max. Temp.*	*Days 90 and over.*	*Mean Temp.*	*Rain in Inches.*
1843	38½	92	15	71.15	26.36
1844	46	92⅓	4	70.47	10.46
1845	43	98½	9	72.09	10.38
1846	48	94	5	70.36	11.01
1847	45½	93⅓	4	70.13	10.44
1848	40⅓	94⅓	5	70.54	9.03
1849	48½	99½	7	72.05	11.54
1850	46½	93⅓	8	72.96	15 08
1851	41	93½	3	70.21	9.06
1852	43½	95½	6	70.95	8.42
1853	45⅓	97	9	72.49	18.13
1854	46½	99	13	72.22	7.21
1855	48½	94½	6	70.45	13.15
1856	48½	97	11	72.26	10.28
1857	50	89	0	69.05	14.44
1858	46	91⅓	4	71.25	11.86
1859	43	91⅓	3	68.12	14.23
1860	51½	90	1	69.69	10.77
1861	48	91⅓	2	69.55	7.69
1862	44	90½	2	71.08	12.63
1863	50	90½	1	70.18	11.98
1864	45	94⅓	4	71.48	7.74
1865	49½	91½	1	71.35	14.17
1866	48½	98⅓	8	70.34	9.69
1867	45½	88	0	69.55	24.12
1868	49⅓	92	4	71.28	19.19
1869	47	91½	3	70.30	10.89
1870	53½	92⅓	5	73.73	13.18

From this table it will be seen that, during the period it covers there was no summer in which the mercury did not fall lower, although in fourteen of them it rose higher; yet the mean temperature of the season this year was *a degree and a quarter above* that of any of the series, and nearly *three* degrees above the mean of the twenty-seven, which was 70.80. A similar result seems to have been experienced through the Eastern and Middle States, if not in other quarters of the Union. The quantity of water falling during the season, 13.18 inches, was more than half an inch above the average having been recorded in only eight of the preceding twenty-seven summers, the average of the whole number having been 12.63 inches. Attention is drawn to the fact that in twelve of the summers covered by the table, there were more days in which the mercury rose above 90 degrees than in the last. W.

NEWARK, September 1, 1870.

It is of course impossible to estimate accurately the amount of mortality caused by this oppressive and long-continued heat. Many cases of sunstroke occurred, and doubtless many, especially the very old or very young, sick with other diseases, were so prostrated by the heat, that their complaints proved fatal, which might, perhaps, under more favorable circumstances, have turned favorably. [Of 2,469 deaths reported as occurring in Newark during 1870, 100 were of persons between 70 and 80; 56 over 80, and 1,161 under 2 years of age.]

The customary affections of the bowels, Diarrhœa, Dysentery, Cholera Infantum, etc., prevailed extensively and were greatly aggravated by the heat. In the official report of interments in Newark for the year, 225 deaths are attributed to Cholera Infantum.

As to the various other diseases, as seen in the ordinary routine of practice, which, as already observed, have occurred in their time and season, there has been nothing about them calling for more extended remarks.

From the report of interments in Newark for the year, it

appears that Consumption caused the greatest number of deaths—384.

I have the pleasure of transmitting two papers by Dr. Wm. Pierson, Jr., of Orange, and a communication by Dr. Southard, of Newark.

EDWARD D. G. SMITH, *Reporter.*

NEWARK, May, 1871.

SALT MARSHES: BY DR. SOUTHARD.

That portion of the City of Newark lying east of the New Jersey Railroad, and known as the Fifth, Tenth and Twelfth Wards, is bounded on three sides by what is known as Newark Salt Meadows. They comprise several thousand acres, and are traversed by Bound Creek, Maple Island Creek, Fishing Creek, and Halsey Creek. They are covered at high tide with salt water, and grow what is called salt hay. Along the upland border of these meadows, and on either side of these creeks above tide water, is a considerable quantity of land, covered most of the year with fresh water and growing wild grass, flag and reeds. In addition to these there are several sloughs, or marshes, which extend into the upland; in two cases, entirely across this portion of the city. The Salt Meadows proper are uninhabited and seldom visited except by hay makers, hunters and fishermen. As far as I can learn, these seldom suffer much from Ague. The upland bordering these sloughs and marshy creeks, are in some places quite densely populated, and Fever and Ague and miasmatic fevers have been more or less prevalent ever since my practice in this locality—19 years. Some four years since, flood-gates were placed at the mouth of these creeks, which has kept back much of the salt water, and during the same time considerable sewering has been in progress, which has thrown much new earth to the surface and drained many ponds and marshes heretofore covered with water. The result, as might and was expected, has been to fearfully increase the number of cases of Ague in the immediate neighborhood of the ponds, marshes and sewers.

That Ague prevails in the vicinity of our salt meadows, none can deny; but the fresh water ponds and shoals in the immediate contact, render it very likely that *they*, not the salt marshes, are the cause of the malaria. Such I believe is the opinion of all the physicians of this vicinnity.

Cases: by Wm. Pierson, Jr., M. D., of Orange.

Case I.—*Ulceration of the Appendix Vermiformis, Portal Phlebitis, and Multiple Abscess of the Liver.*

On the 24th of April, 1870, I was requested to visit Miss McC., a pupil at school, aged seventeen years. I was told that for several weeks past she had been failing in health, although continuing at school until within a few days. Had had restless nights, poor appetite, and repeated attacks of headache. Two days previously, during a regular menstrual period, she had been suddenly attacked with pain in the ileo-cœcal region, accompanied by a chill. The following day had another chill, followed by fever and profuse perspiration. The bowels had been moved several times during the past forty-eight hours, the stools being of a watery and blackish brown appearance.

This morning, April 24th, she had another rigor, at the same hour as on the previous day; pulse 110, temperature 102 degrees; considerable tenderness upon pressure in the right iliac region, with some meteorism. The pain in this region is paroxysmal, and sometimes quite severe. The menstrual flow was arrested two days ago, having lasted only two days.

On the assumption that the attack was one of intermittent fever, attended with slight intestinal irritation, quinine and morphine were administered.

For three days following there was no essential change in the symptoms. The rigors returned at irregular intervals, and were followed by profuse nocturnal perspiration.

The quinine had produced no effect upon the chills. The abdominal symptoms had somewhat improved. There was less pain on pressure, and the stools were less frequent and of a lighter color.

The quinine was continued, increasing the doses to four grains every two hours; beef tea and milk for diet.

On the eighth day the condition of the patient seemed considerably better. Had had no chill for twenty-four hours; had some appetite; could sit up in a chair for an hour or two at a time, without inconvenience; pulse 94, temperature 101 degrees; tongue clear; still some tenderness on pressure in the right iliac region; the colic pains much less severe. On an average, there was one stool daily of a liquid character. Reduced the quantity of quinine to two grains every four hours. This course was continued four days, during which time there was no return of the chill, and the patient seemed to be gradually recovering, when she was again attacked with rigor, accompanied

with severe pain in the right hypochondrium. Pulse rose to 130, temperature to 104 degrees; appetite gone; occasional vomiting was present; some pain, though not invoked on pressure over the liver, which organ seemed of normal size. There was still tenderness on pressure in the region of the cœcum. In a few days it became very evident, by palpation, that the liver was enlarging. This symptom, together with the continued recurrence of the rigors plainly indicated abscess of this organ. There would be from one to three rigors daily, recurring at irregular intervals, without any connection with the temperature of the body or perspiration. The temperature ranged from 102 to 106 degrees. The pulse from 120 to 150. There was occasional vomiting, and an average of one stool daily, of a liquid character. The tongue was usually but slightly coated with a whitish fur. The pain in right hypochondrium at times was quite severe.

This train of symptoms continued until the morning of the 12th of May, when the patient died. She had passed the previous night more comfortably than usual, having slept nearly the whole time. In the morning, feeling so much refreshed by the sleep, she expressed a desire to be placed in a chair, and while her friends were preparing her chair, she suddenly, without a sigh, expired.

At no time during her illness was there any disturbance of her intellect; nor was there any jaundice. The urine was normal.

Autopsy.—There were present Drs. Thompson, Wilmarth and Floyd. Examination forty-eight hours after death. Rigor mortis; no emaciation; suggillations about neck, shoulders, back, nates and posterior surface of the thighs. On palpation, a firm tumor is felt, projecting from below the ribs on the right side to the umbilicus; abdominal walls not distended. No evidence of fluctuation.

Head not opened. Lungs healthy. Heart small; valves and muscular tissue normal. There were from six to eight ounces of straw-colored serum in abdominal cavity. Liver very much enlarged; extending from the fourth rib to the umbilicus, occupying about one-fourth of the united capacity of the thoracic and abdominal cavities; its upper surface was of sound appearance. On removing the liver, no adhesions were found until the transverse fossa was reached. Here there was a fleshy mass running to, but not attached to the hepatic substance. This mass, which was about one and one-half inches thick, glued together the portal vein, hepatic artery, the common hepatic and cystic ducts, the head of the pancreas, and was attached to the duodenum above, and the vena cava below. Upon section through this mass close to the liver, the cystic duct was severed close to the gall bladder, and

there was projected with some force a straw-colored bile; upon continuing the section, a quantity of very dark pus escaped. Upon the under side of the liver, there were several elevations of a dark, gangrenous hue, involving both the right and left lobe, and the lobus spigelia. These elevations were about two inches in diameter, and gave to the touch indistinct fluctuation. On section the substance of the liver was very much softened,—completely infiltered with pus throughout its whole extent. At the part corresponding with the dark elevation, the texture was somewhat broken down, and had the appearance of the commencement of a cavity. There was no where any appearance of an abscess with distinct walls to be observed. Towards the upper surface of the liver, the texture was healthy for about three-eighths of an inch thick; in all other parts pus followed the knife. The portal vein was found plugged with a firm clot of a reddish color. There was no gangrenous odor. Upon continuing the examination of the portal vein, in the fleshy mass before spoken of, it was found plugged to its bifurcation. At this point the plug was white in color, firmly attached to the walls of the vessels, and was in layers.

The stomach, small intestines, pancreas and kidneys were in a healthy condition.

On gently raising the large intestine, the pelvic tissues in the immediate vicinity of the caput coli, presented a blackish appearance, and were with facility torn. The lower portion of the ascending colon, and the major portion of the *appendix vermiformis* were adherent to the parietal layer of peritoneum. An opening, the result of ulceration, through the walls of the appendix, existed near its attachment to the colon. The remaining portion of this appendage had a dark hue; its internal surface was bathed with a purulent fluid. No abnormal substance found within, save that resulting from inflammatory action.

Extending from the point of rupture beneath the adhesions, was a small sinus about two inches in length, filled with pus. Some of the lymphatic glands in the vicinity were enlarged and blackened; others in a state of suppuration.

The mucus membrane of the ascending colon exhibited a moderate degree of capillary congestion.

The genito-urinary organs in a healthy condition.

CASE II.—*Diabetes Insipidus and Craniotabes.*

The patient, Margaret McC., died June 24th, 1870, aged six years and one month. Her parents were Irish, and are living, and are in vigorous health. They have never had syphilis nor any chronic disease, excepting the father, who has psoriasis over the tibiæ. There are three other children in the family, two older and one younger than Margaret. They are all healthy and well nourished children.

Up to August, 1868, the patient was a robust child. About this time, while at play, she fell forward upon her face, and when lifted by her mother, was found to have bruised her face and to walk lame on the right side. The injuries, at the time, were not considered to be of a serious nature. No physician was called in to see her. The lameness continued for some months. There was an inability to get in and out of the bed without assistance. The head could not be turned without pain. She could lie only on the right side. Physicians were consulted, who prescribed various liniments, but to no purpose. Six or seven weeks after the fall, a swelling was observed over the right hip. Attending this the patient would scream out at night, complaining of pain over the right hip, and down the right leg and thigh. These symptoms continued for weeks. Abscesses made their appearance behind the right ear, which continued to discharge for a long time, at intervals. Following these there were fugitive pains over the whole body. For the relief of these pains, brandy, whisky and beer were given, and mustard applied over the seat of pain. This was about six months after the fall. About this time the mother observed spots of eczema on the scalp, which gradually spread over the top of the head.

About the middle of June, 1869, the child was attacked with excessive thirst, and the passing of large quantities of water. The invasion of the thirst was sudden. It was about this time that the case first came under my observation. The child was greatly emaciated. The swelling about the hip had disappeared, and there was no deformity about the spine or hip to be observed. There was still some stiffness and lameness. There were patches of eczema, still on the scalp and body. The abscesses on the head had healed. The thirst was the prominent symptom, the child drinking from seventeen to eighteen quarts of water during the twenty-four hours, and voiding about the same quantity of urine.

In October it was ascertained, by actual measurement, that the child drank eighteen quarts of water, besides beer, during twenty-four hours, and during the same period of time, fifteen quarts of urine was collected, and besides this the bed was soaked through with it.

The urine was carefully examined by Dr. Lloyd, who saw the case frequently. Specimens of the urine that was passed in the morning and in the evening, and on different days, were examined with the following result: Specific gravity, 1.001 to 1.003; feebly acid, very light in color, and without deposit. All the tests for sugar failed to detect the smallest trace; and nitric acid and heat of albumen. The microscope showed no crystals or organic element.

Vomiting after drinking was a frequent occurrence. The attacks of vomiting after a while became paroxysmal, occurring at about seven o'clock in the evening. Before going to bed the patient would drink freely of water, and then sleep one or two hours, and after the first nap she would be very restless, waking up three or four times an hour to drink. A twelve-quart pail filled with water, was always placed by her bedside that she might help herself throughout the night.

In the early part of the summer there were observed round depressions in the parietal bones on both sides. Felt through the scalp, the edges were smooth, the depressions circular, and about three-fourths of an inch in diameter. They were situated near the squamous portion of the parietal bones, and near the lamdoidal section below and behind the parietal prominence. These gradually increased in size, and others formed, until the whole top of the head had a boggy feeling.

Ten days before death, there was extensive ecchymosis over the neck, and the discharge from the eczema over the body was considerable; and in order to keep the scabs from sticking to the bed clothing, it was necessary to have the patient wrapped in oiled cloths.

She had now become quite emaciated. The abdomen was quite enlarged, and gave the sense of fluctuation on palpation. A fortnight before death, the ears began to discharge pus, and there was deafness. In the afternoon before death, the thirst decreased so that she merely sipped her water. The secretion of urine also greatly diminished, and for some hours before death there was a complete suspension. The night before her death she slept well until day-light, when she got up, without assistance, and had a fluid movement from the bowels.

During the whole course of the illness, the bowels were regular. The appetite was generally poor, though variable, hunger sometimes being great, and the quantity of food taken excessive. At no time was there any disturbance of the intellect. The skin was usually dry, although in the early part of the illness there was excessive perspiration, especially about the head.

Post Mortem, Thirty Hours after Death.

Drs. Chandler, Thompson, Wilmarth and Lloyd were present. Body emaciated, but not excessively so; scalp, breast and back were covered with patches of chronic eczema; abdomen enlarged; from back of head to lower part of nates one mass of ecchymosis, and over both shoulders denuded of cuticle; no eruption upon or discoloration of the extremities; the crown and back of head in a boggy state; on pressing on the vertex, with the index finger alone, both parietal bones gave way with a crack; no opening through the scalp; after dissecting the scalp, the bones of the cranium were found to be destroyed along the neighborhood of the lamdoidal, coronal and squamous sutures, so as almost to isolate the parietal bones; also the bone was destroyed along the saggital suture in the position of the frontal fontanel.

The skull was exhibited to many physicians, among whom were some of the leading pathologists of the city of New York, but no one seemed to have recognized the disease.

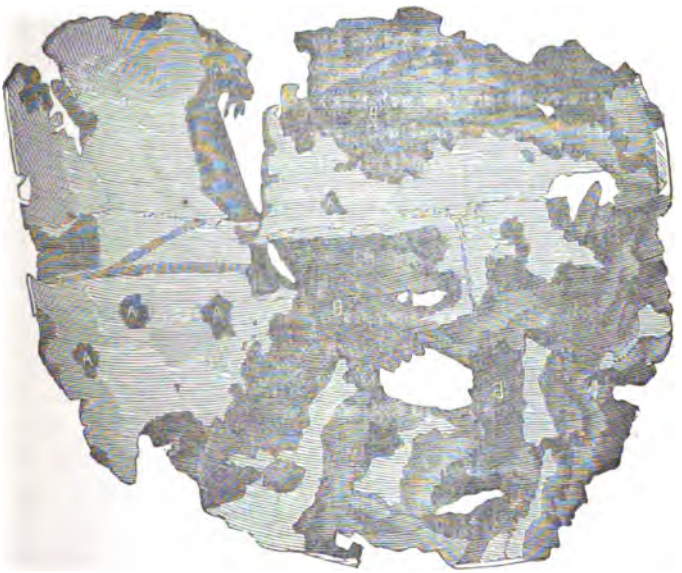
Rokitansky speaks of a cancerous condition of broad bones, under the title of Osteolyosis. His description of the pathological appearance of the bones of the skull affected with the disease is not unlike what was observed in this case; but in all my reading I have not found anything which so fully accords with what was observed in this case, as that detailed in Vogel's recent work on the diseases of children, under the head of Rachitis of the Skull. According to this author, Elsässer was the first to discover this disease. He calls it Craniotabes. The general impression has been that the bones of the head never soften through rachitis. Vogel says the disease is met with in children from the third month on, but is seldom seen in those who have passed the second year. This case was an exception to that rule, the child being five years old when the disease was first noticed.

He speaks of spasms of the muscles, the most dangerous of which is spasm of the glottis, as being the most frequent complications of this affection. Nothing of the kind appeared in this case. In the frontal and occipital bones there were also a number of places, irregular in form, and varying in size from half of a line to nine lines in dimension, where the bone was destroyed. In places less than two lines in dimension, the destruction of bone was confined to the inner plate and diploe; and in all of these places there was a greater destruction of the diploe, than of the compact plates. (See wood cut.) The margins of the places where the bone was destroyed were very uneven and the compact plates were beveled from within, outward. All the places were filled with an abortive, connec-

tive tissue and fat, as observable under the microscope, and were all covered with periostium. The bones at the base of the skull were perfectly sound. The brain and meninges appeared healthy. The thoracic organs were in a sound condition. The stomach and small intestines were as large as an adult's. The muscular coat of the bladder, somewhat thickened. The capacity of the bladder was about four or five ounces. The kidneys, liver, pancreas and spleen, normal.

Sections of the bone under the microscope show a gradual diminution of the outer table, and rather abrupt termination of the inner—the diploe traversed by numerous canals about the size of the Haversian, which radiate somewhat like the arms of a lady's fan, from the diseased edge, and penetrate into the compact tubes. The lacunæ along the side of these canals are arranged with no definite plan. At the distance of about a line from the diseased edge, the Haversian canals are seen with the usual regular arrangement of the neighboring lacunæ. The lacunæ themselves appeared to be normal.

(The microscopic observations were made by Dr. Lloyd.)



View of Inner Surface of top of Skull, representing only a portion of the bones that were diseased.

A—Parts where the destruction was confined to inner plate and diploe.

B—Parts where the whole of the bone was destroyed.

GLOUCESTER COUNTY.

The sanitary condition of this County, as given by the reporter, Dr. Sickler, is noticed in the report of the Standing Committee.

HUDSON COUNTY.

Chairman of Standing Committee, &c.:

In presenting a report from this County, it is very difficult to make any comparative statements, so rapidly and completely is the whole face of the country, as well as its population, changed. Our growth by immigration is chiefly from the most energetic class of our neighboring city's bone and sinew,—young men with growing families. This increase has been at such a rate as to turn farms to city lots, roads to streets, meadows to gardens, and even the bay itself to docks and wharves. Miles of sewers, acres of newly-made land filled in, grading of streets, laying of water and gas pipes, taking up of thousands of acres of salt meadow, have all had their share, (and who can say how much?) in affecting the health of this county. The past year has been marked with an unusual amount of endemic diseases. Early in the Summer, Cholera Infantum made its appearance, and prevailed to an unusual degree—the extremely hot weather acting most depressingly on many of those attacked, especially with "bottle-fed" children. The difficulties in the way of procuring pure milk, or milk from healthy cows, or "one cow's milk," have led many who are unable, or prefer not to nurse their children, to the use of "condensed milk," prepared by Borden's process; others to the use of substitutes for mothers' milk, prepared by Liebig, Comstock, Nestle and others. Next to the pure milk from a healthy, properly fed

cow, slightly sweetened and rendered more alkaline by one gr. soda carb. to every four ounces, comes, in my experience, Borden's milk, Eagle brand. There seems to exist an almost insuperable repugnance in this part of the country to what is so highly esteemed abroad, and what is certainly so much better for the child—a wet nurse.

Autumn came after a very long rainless period, and brought to most sections of our county a long train of miasmatic diseases. Localities for a long period exempt, suffered severely. The County House at Snake Hill, where apparently there had hitherto been no malaria, became one large hospital, as many as ninety cases being under treatment at one time; and as Dr. J. F. Finn, its physician, informed me, the type was severe, and obstinate to treatment. A combination of quinine, iron and arsenic proved most efficient in his hands, while quinine alone failed frequently. In my own neighborhood, the heights of Bergen, the same disposition to malarial disease was and is manifested. Indeed, traces of miasmatic poisoning may be seen in most cases of ordinary disease.

The breaking up of Winter was this year attended by,—I had almost said, our usual epidemics of *Measles* and Scarlet Fever; neither of them proving of severe type. This Spring a portion of our county, Hoboken City, has been visited with the Small Pox. The very unfavorable hygienic conditions of certain sections of the town, the houses being built on posts driven into a marsh which is frequently subjected to flooding by storm and tide, and very imperfectly drained, rendered a fit nidus for such a disease, and about 100 cases have occurred; a much larger per cent. than usual being fatal, for reasons named above.

I enclose herewith, a report of Dr. Hunt, of and concerning the Jersey City Charity Hospital; also one from Dr. J. E.

Culver, late of Hudson City, with cases of interest and notes of meteorological phenomena, together with a few cases of special interest which came under my own observation.

J. R. FORMAN, *Reporter.*

JERSEY CITY, May, 1871.

DR. FORMAN'S CASES.

I.—FRACTURE OF ASTRAGALUS, WITH DISLOCATION FORWARDS.

W. M., a slightly-built young man, about five feet ten inches in height, fell from the limb of a tree a distance of about twenty-five feet, striking on one heel in the sandy soil of the woods. I saw him in a very few seconds, and found the astragalus dislocated forwards, giving the appearance of a double heel. Relaxing by flexion the muscles as far as possible, placing my knee in the instep as he lay on his side, flexing the foot on the leg and pushing with one hand on the foot and drawing with the other on the leg, reduction was immediately effected without the use of very great force. There was no lesion of the soft parts, but a careful examination gave distinct osseous crepitus at the neck of the astragalus, on lateral motion. There was no displacement, and in a few minutes swelling ensued. The rarity of the injury leads me to place it on record. To an immediate examination was due both the detection of the nature of the injury, and the ease of reduction. He made a speedy recovery, with almost perfect use of the joint, no limp persisting.

I add also a therapeutical note on Cholera Morbus.

II.—CHOLERA MORBUS.

J. A., taken sick with extreme prostration, purging, vomiting and severe cramps; had exposed himself to draught of air on ferry-boat, after being tired out on a very hot day. I treated him with opium and astringents, with friction to allay cramps; but purging continued, with rice water discharges; the thirst was intense and prostration extreme; he calling for ice,—brandy could not be retained. I gave him, on the second day, eight drops Fowler's Solution, and for an hour he was relieved from cramps and nausea, and purging. The cramps and discharges came on again, when I ordered acetate of lead and opium, without much benefit. I then again resorted to Fowler's Solution, giving five drop doses every fifteen minutes till purging ceased, which

was after second dose; after that five drops per hour. He had taken but two more doses when, there being no more discharges, I stopped the medicine; but in the course of three or four hours they returned, but were checked by a single dose of five drops. I then left him, with directions to take a dose every two hours. Convalescence progressed slowly but surely.

G. F., a boy of two years, was taken sick with vomiting and profuse diarrhœa, without much pain. The discharges, at first blackish, became greenish, and then light colored. They were very frequent, and prostrated the patient much. When called to see him, I found him feverish and listless, complaining of no pain, but weakened much by discharges occurring every two hours. I gave him three drops of Fowler's Solution, and in half an hour two drops more. He then, having had no discharge, and vomiting having ceased, fell asleep for an hour. On awakening I gave him two drops more, when he again fell asleep, and slept soundly for several hours. Another dose was given, and in about two hours, having had no passage from his bowels, he fell asleep, and slept all night so soundly that the attendants thought I had given him a narcotic. In the morning a discharge occurred, after which he took another dose of two drops; was somnolent all that day, but recovered forthwith.

E., a servant, after exhaustion during a hot day, and a little unusual indulgence of the appetite with green corn, was seized with vomiting and purging in the night, with great prostration. Three five-drop doses every half hour checked the disease, and she went to sleep and slept six hours. On awakening, she had a single discharge, but after taking five drops no more occurred. That night she did not sleep any, but had no return of her disease. The dose was repeated every three hours.

Mrs. F., a fac-simile of the foregoing, except that there was not so long a sleep induced. I say induced, for it cannot be a coincidence that four times sleep should follow. The arsenic may not have a narcotic effect, except secondarily, by relieving the distressing symptoms, and thus allowing sleep. That there was some narcotic power in it, the lady, an unusually intelligent woman, assured me she was confident from her sensations.

These cases occurring in quick succession, led me to a prolonged use of the remedy. In many, not the majority, the beneficial effect was as marked as in the first four, but in many others which I was unable to distinguish by comparison of symptoms, there was an utter failure. Who can explain this, or give the reason, not theory, of its marked beneficial action in some cases?

COMMUNICATION BY J. E. CULVER, M. D.

The atmosphere has averaged drier during the past year than for several years immediately preceding. The favorable influence of this change on the public health is quite apparent. Said Mr. S—— to me, yesterday, "Last year I thought I was giving out and hadn't long to live, but somehow this year I have recovered my former buoyancy and strength." Substantially the same remark has been made in my hearing this Spring by several aged persons. In many ways, our patients of every age and class attest their agreeable experience of the improved atmospheric condition.

From about one year ago to near the 1st of July, 1870, the rain-falls were heavy and frequent. During the remaining months of the year, the rains were less frequent and abundant. For the months of July, August and September, the rain-fall must have been considerably below the monthly average for the year.

May, 1870, averaged nearly five degrees Fahrenheit warmer than May, 1869. The Summer of 1870 was continuously warm, the temperature rising very high on some few days. The Winter was cold and bracing; the Autumn variable and intermediate.

Intermittent Fever we are never for a day without a specimen of, and its markings are stamped indelibly on more than half the countenances we meet. Last Spring it was more prevalent than now. Nevertheless, we are now daily prescribing iron, quinine, and tonics adjuvant to these with great liberality; not only with benefit, but of necessity. Last Spring a few mild cases of Measles, Scarlet Fever and Whooping Cough were seen by me, which all recovered without much medication. I saw no case of sun-stroke last Summer. Cases of Diarrhœa, Dysentery and Cholera were rare. Cholera Infantum attacked bottle-fed children only. I met with only three deaths from this cause. A few cases of Cholera Asphyxia occurred under the lee of offal heaps and bone-boiling shanties. A Secaucus farmer manured his field with putrifying offal, and immediately three of his family suffered attacks of the Cholera, one of whom, an aged and feeble man, died.

The annual drying up of the ditches, pools and quagmires of the meadows lying west of Bergen Hill, made rapid progress in the early part of August, 1870. The atmosphere soon became surcharged with moisture, which formed dense night-fogs; and following close upon these came the annual afflux of Intermittent Fever over our country. The endemic influence so augmented persisted long, but gave way at length beneath the freezing temperature and dry atmosphere of Winter.

In November and December, attacks of Catarrhal Bronchitis were numerous, interspersed with an occasional Catarrhal Pneumonia. During January, February and March, 1871, an unusual number of cases of Croupous Pneumonia presented themselves. Now and then Pleurisy complicated the Pneumonia,—seldom it existed alone. Articular Rheumatism occurred during the same period, from time to time. None of these cases proved fatal. It was found practicable so to give two or three ten-grain doses of quinine sulphate, as measurably to relieve the "congestive stage" of Pneumonia, whether as it exists at the onset, or as it repeats itself in the course of the disease; and thereby to arrest the progress of the exudation process, and limit the area of consolidation.

To-day we are attending patients suffering from Scarlet Fever, and others from Measles; one year ago to day we were similarly engaged. It has been our fortune to meet with one or both of these epidemics, at this very season of every year. Does the extinguishment of the winter fires, in the first warm days of Spring, play any part in their causation and temporary prevalence? Albuminous matter, derived from the breath or from other exhalations, is deposited on the interior surfaces of dwellings and school-houses, and is preserved in a dried state as long as the artificial warmth and dryness of the air are maintained therein. House-cleaning and disinfection should doubtless precede the discontinuance of fires in the Spring, but such is not the infrangible law of fashion. Consequently the organic matter absorbs moisture from a damp atmosphere, putrifies and contaminates its lodgment and the air of the room with disease-bearing particles. Furthermore, the weather of Spring is most changeable, and if the day happens to be cool and damp, and especially if fires have just been dispensed with, ventilation is apt to be reduced to a minimum, by strict closure of all doors and windows. We are compelled to regard these, and similar conditions, as eminently conducive to the propagation of Measles and Scarlet Fever.

Recently there happened two cases of Choleric vomiting and Diarrhœa in children, aged three and five years respectively, in a family of whom another child, aged ten years, was then lying five days sick with Scarlet Fever. The child of five years was first seen by me about three hours after the beginning of the attack, already in a state of collapse, and he died from Asphyxia. The child of three years survived; and he did not take the Scarlet Fever, although exposed to the contagion of the sick room every day for two weeks or more. Meanwhile the mother and two other children successively sickened with the disease, and recovered. I have met with like occurrences twice in former years. They suggest the possibility of an element common

to the origin of both Cholera and Scarlet Fever. The alvine evacuations in both these diseases are, from the first, invariably putrescent, and although the phenomena of constipation in Scarlet Fever remains to be accounted for, nevertheless, it is perchance philosophical to infer, that alike in both diseases, the gastric distress and nausea which initiate the attacks, and the vomiting and diarrhœa, when present, are caused by irritant products of the putrefaction of the undigested contents of the alimentary canal; especially the phosphide and the sulphide of hydrogen.

Jersey City Charity Hospital.

By Dr. J. W. Hunt.

The Jersey City Charity Hospital has prospered, during the past year, beyond the most sanguine expectations of its friends. The Committee on Alms of the Common Council, (and particularly the chairman of the Committee, Alderman Budlong), have appreciated the benefits guaranteed by the institution to the diseased and injured poor of the city, and have sought to favor its growth, increase its facilities, and render it in all respects second to none. To this end they have labored in perfect harmony with the medical board of the Hospital, and the following statistics show the extent of its service:

From May 1st, 1870, to April 15th, 1871, embracing a period of eleven months and a half, there were admitted to the Hospital 509 patients, of whom 408 were discharged convalescent or entirely well, forty-six died, and there were fifty-five remaining under treatment.

This record of the second year of the Hospital's existence is sufficiently encouraging to warrant the hope, that if no accident befalls, no malignant pustule fastens upon or epidemic cuts short its brittle thread of life during babyhood, it will grow to the estate of manhood, sturdy and full of vitalizing power. It is no longer an experiment; its success is established, if it continues to be properly conducted. The admissions were more than double those of the first year, and the mortality is reduced from twelve and a half to nine per cent. There were treated twenty-one cases of fracture, and three dislocations; nine amputations were performed; one operation for removal of epithelioma of lip; and one case of colloid disease of testis, which was extirpated.

In the Dispensary, 2967 patients were prescribed for.

About the 1st of October, the number of the patients had increased to an

extent requiring the services of an interne, as Household Physician and Surgeon, and on the 1st of April, 1871, the continued increase rendered necessary the services of an Assistant. The service is six months as Assistant, and six as House Physician and Surgeon.

The incumbent of the latter position is Dr. B. G. Henning, who has furnished the notes of the following case of Rabies Canina:

Mary E., aged ten, born in New Jersey, was admitted to the J. C. Charity Hospital, December 27th, 1870, with the following history: Some time in September last she was bitten on the left cheek, a little below the outer canthus of the eye, by a dog not known to be rabid. She was seen by a physician soon after, but the wound was a mere scratch, and it is not remembered whether it was cauterized or not. It healed readily, leaving but a trace of cicatrix. Her health remained good till two days previous to her admission. On the evening of December 25th, she was seized with nausea and vomiting, which continued two or three hours; she then slept well during the remainder of the night. In the morning she made the general complaint of not feeling well, and remained in bed; ate some bread and drank a little tea, which it was noticed she swallowed with some effort; vomiting recurred occasionally. She drank water several times during the day, always swallowing it with an effort. Her parents also remarked that she seemed timid and nervous, and during the night of the 26th would start in her sleep. On the morning of the 27th she refused to eat or drink, turning away as if afraid when her breakfast was brought. She was was admitted to the Hospital about eleven o'clock that day, presenting the following symptoms and appearance: Physically well nourished; mind perfectly clear; countenance wore a look of anxiety or fear. Pulse 144; respiration 28. Temperature in the axilla, 101 degrees. A bath is given each patient on admission, unless contra-indicated; when she was made ready for it, the sight of the water produced convulsions. No attempt was made to give it, but an anesthetic was administered, which only increased the convulsions.

Dr. T. R. Varick, the attending physician on duty, saw her in the afternoon, and ordered sol. morph. (magendie) 9 gtt. V, hypodermically. Convulsions recurred quite frequently during the afternoon. In the evening several of the attending physicians and surgeons of the Hospital saw her. At that time the sight of a glass of water convulsed her; likewise a current of air. She made several attempts to drink milk, and with great effort succeeded in swallowing a few ounces. There was a continual flow of viscid saliva. During the convulsions she would grasp the bedstead, and with labored respira-

tion, appear as if trying to get away from some frightful object, and after the paroxysm had passed, beg that she might be smothered before another supervened.

Dr. Varick ordered hydrate of chloral, gr. X, every hour, but it produced no perceptible effect; the paroxysms became more frequent and severe, and the submaxillary glands swollen. About 2 A. M. on the 28th, she became delirious, and continued so till five, when she died, after an almost constant convulsion for some time previous. She took in all about fifty gr. of chloral hydrat.

HUNTERDON COUNTY.

Chairman of the Standing Committee, &c.:

The health of this County for the past year has been very favorable. Epidemics, as they have prevailed in various localities, have generally been mild and amenable to treatment. In the lower part of the County, Scarlatina prevailed during the early part of Summer. As Fall drew on, we were troubles with Diarrhœas, and also with Colitis. But nothing remarkable occurred, either in the nature of the ailment or in its treatment. During the Fall, Winter and Spring, Pertussis prevailed extensively; but no deaths have occurred therefrom. One case that fell to my charge,—complicated with Pneumonia,—was attended with extreme emaciation, and paralysis of the lower extremities. The remedies which have given the best satisfaction are acid hydrocyanic, bromide of ammonium, belladonna, quinia and iron.

An epidemic of Typhoid Fever occurred in this village and vicinity, in the months of July, August and September, of a somewhat peculiar nature. The course of the disease was more rapid than that of any other Typhoid epidemic that I have witnessed. The emaciation was very rapid; but when the materies morbi had been entirely eliminated, the patients recovered rapidly. One patient, a lad of seventeen years,

whose weight was 103 lbs. at the attack, in seven days was reduced to 70 lbs., and at the end of ten days more, was on his feet in the open air. In all of the cases, there was a tendency to diarrhœa, with a great deal of tympanitis and deliriums. The cause of this epidemic,—as the cause of all the epidemic of Typhoid Fever in this district have been since I have been located here,—was traceable to its cause. At the west of the barnyard of my neighbor, T. C. S., 100 yards north of my house, was a stagnant pool, into which was thrown from time to time, dead hens, dead pigs, &c., &c., and into which the fluids of the barnyard were drained. The pool was about thirty feet long and twelve feet wide. I observed the condition of this pond some time in May, and pointed out the danger of leaving it as it was, particularly as it was almost west of his own residence, and only about 100 yards away. But he neglected to cleanse it until the 26th day of July, when I was called to see one of his laborers,—the lad above mentioned,—who was prostrated with Typhoid Fever. I now reminded him of the condition of that pool, and the necessity of attending to it immediately, which was done. But on the following day I was called to see another of his laborers, affected in the same way ; and a few days later, a lad from the city of Philadelphia, who was visiting there, was seized with the same malady. His father, mother, sister, and nurse, who came from the city to wait on him, were all seized with it, but all but the mother returned to the city before becoming prostrate. The father, I learn, died of the disease. Mr. and Mrs. S., their two children and maid-servants, were also victims of the disease; as well as a number who occasionally visited the premises before the cleansing of the noxious pool. None of the patients that fell to my charge died. As a diet and refrigerator, I advised four eggs, beaten up with a half pint of cream, frozen after the manner of making ice cream, and

given frequently in small quantities. This the patients seemed to relish well, and I believe was of much value to them. I used, with entire satisfaction in most case, the following:

℞. Acid phosphor., ʒii.
Oil lemon, gtt. x.
Syr. Simp., ʒii.
S. Teaspoonful every four hours.

In one case, in which the prostration was extreme, I used the Oleum Phosphoratum with advantage.

During the months of October, November and December, numerous cases of insanity occurred. In fact, in the majority of patients at that season, the nervous centres seemed to be peculiarly involved,—particularly the brain. Many cases were uncomplicated, the brain alone being affected. Others, with aberration of the mind, suffered from a sensitiveness of the spinal cord; others with paralysis.

The patients so affected were very slow to convalesce. Of the number (about twenty) that fell to my charge, two died, one was sent to the Asylum, one remains insane,—the rest have recovered.

The treatment consisted of counter-irritants, a generous diet of meat, the bromide of potassium and the bromide of ammonia, citrate of quinia and iron, and strychnia.

We have been less troubled with Pneumonia this Winter and Spring, than usual. Very few cases have occurred, and these few have been confined chiefly to children. The freedom from this ailment may be attributed to the steadiness of the weather during these seasons. We have also been freer from Rheumatism than usual.

Tuberculosis seems to be steadily on the increase. Folly in dress, and errors in diet, seem everywhere to be laying the

foundation for this disease; while the vast amount of expectorant nostrums,—made up of antimony, squills, lobelia, and the like,—used so extensively in many families, calls many of the latent cases into activity, and hastens the deluded victims to their final repose.

Our District Society, in order to facilitate the collection and diffusion of such facts as relate to our art, instituted four departments:—a department of practice; of surgery; of obstetrics; and of materia medica.

The chairman of the department of practice, Dr. M. Abel, read before the Society, at its last meeting, the following communications from physicians practicing in various parts of the County.

Dr. Abel says:—In my own practice, I have nothing of material interest to communicate. We have had the diseases incident to the different seasons, attended with no unusual characteristics. We have been free from epidemics, with the exception of Pertussis, which prevailed during the Spring and fore part of Summer. In its treatment a variety of remedies were used. The bromides of ammonium and potassium in small and large doses were used; but I am compelled to say that I did not receive the benefit from them that others have claimed for them in this disease. If attended at the onset with some febrile movement, I prescribed ipecac in doses sufficient to produce nausea; if attended with constipation, calomel sufficient to move the bowels. After a few days, as the febrile movement passed off, some of the preparations of iron was used with benefit; and of these, the simple precipitated carbonate seemed to answer the best purpose. When the patient was anemic, or attended with no arterial excitement, the iron was used from the first. Hydrocyanic acid, in the

following combination, which is a prescription of Dr. Mott:

Hydrocyanic acid, gtt. vi.
Extract belladonna, gr. ii.
Paragoric, ʒiii.
Syrup Balsam of Tolu, ʒi.
Water, ʒiii.

m.

S. Teaspoonful four times a day.

Other remedies, not necessary to enumerate, were used in turn.

Capillary Bronchitis, Pneumonia, and other kindred affections of the respiratory organs, prevailed very extensively, beginning about the middle of December, running through January and February, and subsiding about the middle of March. The cases were not marked by that Typhoid tendency that has accompanied these complaints in former years, in this neighborhood; and consequently did not bear the supporting treatment, as it is called.

Venesection was resorted to when the arterial excitement ran high, with decided advantage. Calomel and tart. emetic were the remedies principally used. The cases all recovered.

Typhoid Fever, the past year, has not been as prevalent as heretofore. Scarlet Fever had not made its appearance in this section for the past five years, till the month of February last, when it broke out in one family containing four children. All four of the children were attacked within ten hours of each other; but the disease did not spread. They all recovered.

Enteric diseases prevailed through the latter part of Summer and during the Fall. In the beginning of Diarrhœa, I used hyd. submuriate; or, hyd. cum creta, with opium; and after

the stools began to show the action of the mercury, and in the more advanced stages of Diarrhœa and Cholera Infantum, in which the power of digestion was feeble, pepsin, bismuth and opium, variously combined to meet the indications of the case, were used with advantage. During the Autumn, Dysentery occurred less frequently than formerly.

Incontinence of urine, in a boy aged thirteen years, who from infancy had. been troubled nightly with inability to retain his water, and which had resisted all former treatment, yielded promptly to pulv. cubebs and carb. soda. In a few days after the commencement of this treatment, the boy had no more involuntary passages.

Dr. A. M. Armitage writes:—Epidemics in this section are very rare, none having occurred for more than two years, until the present time, when Pertussis has made its appearance in mild form. The cases that have come under treatment, are those occurring in very young and unhealthy children. The bromides, with nitric acid solution, have given the best satisfaction in the way of treatment.

Dr. S. Lilly, of Lambertville, details a case as follows:

Case.—M. L. R., Esq., aged 52, rather delicate in form and constitution, has had partial paralysis of the right hand and right leg for some time. The affection of the hand and arm he attributed to the duties of his calling,—bank officer,—calling his trouble "book-keeper's palsy." Some two weeks since, without any premonition, he was seized with hæmoptysis of a severe character, for which he took a quantity of salt and water, with the effect of temporarily arresting the discharge; which, however, returned in a few hours with increased violence, when I was called to see him. I prescribed acet. plumb. g. v., pulv. opii gr. i, in pill every hour, until the bleeding is arrested, with cold drinks, free circulation of air, hot pediluvia, sinapisms to the feet, ankles, &c.; with tinct. verat. viridæ gtt. iv every four hours, until pulse is reduced in frequency. This treatment was faithfully persevered in for sixty hours, with the addition of tannic acid to the above named pills; but without any benefit. The bleeding continued at intervals of four or six hours, with

increased violence. On the third day of the attack, the prostration of the system was alarming in the extreme,—so much so that he was at one time thought to be in articulo mortis. I was at his bedside at the time, and by dint of the active use of brandy, solution of morphia, ammonia carb., and other stimulants, he revived. I then abandoned the lead, tannin, verat. virid. and other astringents and sedative treatment, and gave the following: ℞. oil terebin. gtt. 80, ferri sesqui chlorid. ʒii, glycerine ʒii, aqua font q. s. to make a mixture ℥ii. S. teaspoonful every four hours, with a teaspoonful of morph. solution and a tablespoonful of brandy between each dose. The regimen was to be continued the same as before. From that time forward he had little if any hemorrhage. His bowels, which had been confined by the astringents, were opened by stimulating enemata. And now, by the use of a generous diet, free circulation of air in his room, &c., he is going on to what seems to be a rapid convalescence.

The principal point of interest to me in the case, is the immediate and marked relief from the hemorrhage by the use of the turpentine and iron, combined with the morphia, after the astringent course of treatment had so signally failed. My theory of the case is, that this was a passive hemorrhage, caused by relaxation of the coats of the blood-vessels of the lungs, together with an impoverished or thinned condition of the blood, thus permitting it to ooze from the vessels as milk passes through a strainer. The turpentine gave tone to the vessels, the morphia quieted the irritation, until the iron supplied the vital fluid with the necessary material to thicken it to a normal condition.

Dr. C. W. Larison, of Ringoes, details four cases of Membranous Croup, treated with alcohol, as follows:

Case I.—December 21st, 1870, 10 o'clock P. M., was called to see the son of W. B., a child about seven years old. I learned that the child had been complaining of Croup about twenty-four hours, and that the mother had been giving the usual family remedies, but with no apparent benefit. On examination, I found the pulse quick, nearly 100, skin hot and dry, and the fauces covered over in places with diphtheritic membrane. The breathing was difficult, and at times the patient was excessively restless. The case seemed

to me to demand tonics; and, accordingly, I advised tr. ferri. chlorid, and chlorate of potassa. On the 22d, I saw the child. It was not so well. The membrane was thicker and more diffused, while the respiration was more difficult. I advised quinia to be added to the above named remedies, with nutritious diet. On the following morning was sent for before daylight. The messenger stated that the child was choking fearfully. Expecting that the only thing that could be done at this late hour would be to perform tracheotomy, I took with me the necessary instruments for performing the operation, and Dr. A. B. Larison to assist me. But on examination, we found that the membrane had extended down into the ramifications of the bronchia, on the left side, and concluded that an operation would not be advisable. Expecting that the patient would live but a few hours, my brother, Dr. A. B. L., suggested that we give him, in addition to the above named remedies, some whiskey. After reflecting a moment on his suggestion, I replied, "philosophically, it is just the thing; but I do not think it can do much good in this case." He remarked that if we give it in bold doses, it will at least relieve the patient of considerable suffering. So we concluded to give the boy one-half ounce of whiskey every twenty minutes, until he had taken three doses; after this quantity had been taken, he was advised to take one-half ounce every half hour till I should see him. About five hours afterwards I called, and was surprised to find the patient alive. The nurses told me that after he had taken the third dose, he began to grow more quiet, and that his breathing began to improve. When I learned that they had given the whiskey regularly for the preceding five hours, I expected to find the lad dead drunk; but in this was disappointed. I found his skin relaxed—sweating profusely—pulse fuller—respiration not quite so labored. I advised that the whiskey should now be given one-half ounce every hour, and that the other remedies should be continued as before directed. The breath was now well charged with the odor of alcohol. Six hours later, I found the patient sweating profusely; respiration rather improved; pulse full and quick. On examination, I found the membrane was loosening and exfoliating in places. Its appearance was lighter and more friable than it was eleven hours before. We advised a continuation of the treatment.

Next morning I found the patient improving. I advised the whiskey to be given every one and a half hours. In the evening found the patient improving. I advised the whiskey every two hours. On the following morning we found the patient convalescing. No traces of the membrane could now be seen in the fauces; the breathing was almost natural, but the

patient coughed at times very severely. No change in the treatment. In the evening I found the patient convalescing. I now advised one-half ounce of whiskey every three hours, which was continued the following day. As the patient was now doing well, the tr. fer. chlorid. and potas. chloras constituted the treatment. The patient now enjoys good health.

CASE II.—June 30th, 1870, 2 o'clock, A. M., I was called to see the son of I. A. H., aged two years and seven months. I learned that the child had been laboring under croup for about twenty-five hours. The father, thinking himself competent to manage such cases, had given the child some blue mass, he said; and had also been giving syrup of ipecac, lobelia, vin. antimony, alum, &c., &c., till the patient had been vomiting tremendously, and purged not a little. On examination, I found the fauces coated with a deposit of lymph, rapidly organizing. The respiration was very labored, the child lying upon its side, with its head and shoulders curved back, eyes glaring, and the whole countenance showing that the child was on the verge of suffocating. Occasionally the child would seize its throat with both hands, as if it wished to tear it open; again, it would thrust its little hands into its mouth, as if by this means it might force an ingress of air. But all to no purpose. I advised the tr. ferri. chloras, ten drops every two hours; whiskey one-half ounce every half hour. This we continued till 5 o'clock, A. M., when the child began to perspire very freely, and breathe with more ease. The whiskey was now given every hour; tr. iron was to be continued the same as before. At 5 P. M., I found the membrane had begun to exfoliate, and the patient seemed to be convalescing. Treatment continued without alteration. Next morning I found the child still convalescing; fauces tender and very red; breathing almost natural, but coughing considerable, with slight expectoration. From this time on the patient rapidly convalesced, and is now in good health.

CASE III.—On the 10th day of June, 1870, I was called to advise for the daughter of T. C. S., a child about one year and eight months old. I learned that the child had had a croupy cough about twenty hours; but as yet had not become very alarming. But as they had lost a child with Membranous Croup about fourteen months before, they felt somewhat anxious. On examination, I found the deposit of lymph scattered here and there over the fauces and on the tonsils. The pulse was quick, and the skin dry and hot. I advised tr. ferri. chlorid. and potas. chloras. In the morning of the 11th, found the child not so well; breathing was worse, more fever, and the

pulse quicker. I now advised ℥ii whiskey every half hour, in addition to the above remedies. In the evening found the child with relaxed skin, and respiring more easily. The deposit in the fauces was growing lighter, and seemed in places to be exfoliating. I continued the whiskey as above directed. In the morning the patient seemed to be convalescing. The skin was moist; the pulse fuller, and not so quick; and but few traces of the membrane was to be seen in the fauces. There was now considerable cough, with slight expectoration. Continued the above treatment, and advised a generous diet. In the evening found the child convalescing, but coughing more than seemed pleasant. I now advised ℥i of whiskey every hour. Other remedies the same. In the morning of the 13th found the child convalescing, and ordered ℥i whiskey to be given every two hours, and the potas. chloras. to be withdrawn. In the evening found the child convalescing. Continued the treatment. On the 14th advised the whiskey and iron to be given every three hours. 15th, child convalescing. Withdrew the whiskey —continued the iron until the child was considered out of danger.

CASE IV.—November 4th, 1870, 4 o'clock, A. M., was called to see the son of R. H., a child aged fourteen months. I learned that the child had commenced with symptoms of croup on the morning of the previous day, and that the mother had been giving some domestic remedies, but that the child had been steadily growing worse. I found, on examination, the skin dry and hot, the pulse over 100, the tongue furred, respiration frequent and labored, and the fauces covered in places with diphtheritic membrane. I advised tr. ferri. chlorid. gtt. iv. every four hours, and whiskey ℥iss. every twenty minutes, until the respirations should become less frequent and less labored; after which, ℥i every hour. In the after part of the day, I found the child sweating profusely; the respirations less labored; pulse quick, but less frequent; the breath well charged with the odor of alcohol, and the flake in the fauces assuming somewhat a curdy appearance. The nurse informed me that she had given the whiskey every twenty minutes for two hours; after which, every hour. I advised a continuation of the treatment. On the following morning saw the child. Pulse rather less frequent; perspiration free; respiration improving, and the deposit in the fauces exfoliating. Advised a continuation of the iron as before; but the whiskey to be given ℥i every two hours. In the evening I saw the patient. Symptoms seemed to be ameliorating. Advised a continuation of the remedies as before directed. On the following morning I found the patient with symp-

toms less favorable; pulse quicker; skin dry; respirations more difficult, and a *renewal of the deposit* in the fauces. On inquiry, I learned that the patient was inclined to be quiet, and that the nurse had neglected to give the whiskey for about ten hours, and that for the last two hours it had been rapidly growing worse. I now advised the whiskey to be given in ʒii doses every twenty minutes, until perspiration should supervene, and the breathing become less labored; after which time the whiskey should be given ʒi every half hour till I saw it. At evening I found the skin relaxed, the pulse less frequent and softer, respiration easier, and the flake in the fauces becoming more curdy and friable. I now advised whiskey to be given ʒi every hour until I should see it again. About twelve hours later I found the patient, as I thought, better. I now advised the whiskey ʒi every two hours. Saw the patient in the evening; seemed to be convalescing. The following morning found the patient convalescing; advised ʒi whiskey every four hours. The following day found the patient doing well, and advised ʒ½ of the whiskey every four hours. This was continued two days, when the patient was discharged. It now enjoys good health. I should not omit to say that Dr. C. M. Lee attended the patient in connection with me, and will bear testimony to the apparent beneficial effects of alcohol in this case.

Besides the above cases, I have treated five other cases in a similar manner, and with like results. I now have so much faith in the alcoholic treatment of Membranous Croup, that I rely more upon it than upon any other therapeutic agent.

I am inclined to look upon it as the rational or philosophic course. We all know that when the system is thoroughly charged with alcohol, the mucous membrane of the air-passages is called into requisition in eliminating it. In this process of elimination, the alcohol it seems to me, acts first as an astringent upon the tissues of the membrane,—causing the membrane to be toned up to the highest pitch, as it were, and thereby prevents the exuding of the plastic material of which the false membrane is formed;—and in the second place, as the alcohol is eliminated, it is brought in contact with the under surface of the false membrane, which is thereby pre-

vented from organizing, by the coagulation of its lymph—rendered pliable, and compelled to exfoliate.

All the patients of this ailment that I have treated with alcohol, have been troubled with a great deal of cough, from the exfoliation of the membrane, till they had entirely recovered; but the cough has been attended with very little expectoration.

Dr. S. Lilly, of the division of Surgery, reports as follows: "As chairman of the section on Surgery, I have to report that I have received an interesting communication from Dr. Abel, of Quakertown, containing a report of two surgical cases. One, a case of rupture of the bladder in a man over ninety years of age, caused by a fall from the hay loft, striking the abdomen across a manger. The urine passed per rectum for some time, thus showing a connection between the two, caused by the fall. Perfect rest, with anodynes, sufficed to effect a cure; although most of the urine passed per rectum for a number of months. The other is a case of punctured wound of the knee-joint, in a lad twelve years of age, caused by a fall from a load of hay, upon the tine of a pitchfork. It was treated by perfect rest, in a straight position, cold water to the joint, bowels kept free,—followed by passive motion of the joint as soon as deemed safe. The recovery was perfect in three weeks, with full use of the joint."

Dr. O. H. Sproul, of Stockton, writes: "I wish to report two cases of surgical interest,—both luxations. The first, a case of dislocation of the left femur on the dorsum illii, occurred July 11th, 1870,—the result of a railway accident. Dr. T. H. Studdiford, of Lambertville, saw the case with me, within a few hours from the time of injury. The patient was put under the influence of chloroform and ether, and we endeavored to reduce by the usual method. After using all

the force we thought advisable by the extension method, and failing to bring the bone down to its place, we resorted to the method of Reid, or that of manipulation; and we were entirely successful after the second attempt, the head of the femur gliding into its cavity with an audible snap. The patient made a very good recovery.

Case 2d was also a luxation, but of the right humerus into the axilla,—the result of a bank of earth falling on the subject of it while the arm was extended to its full extent. Patient was put under ether, and the dislocation was promptly reduced by manipulation. This was followed by a good and prompt recovery."

C. W. LARISON, *Reporter.*

RINGOES, April 29th, 1871.

MERCER COUNTY.

Chairman of Standing Committee:

THE District Medical Society for the county of Mercer is in a prosperous condition. Meetings are held monthly, which are well attended, and at which one or more papers are read; discussions are held, and the proceedings are of decided interest to the members.

The health of the community within the limits of this district has been generally good. Scarlet fever has prevailed in some portions of the district. So far as I can learn, it first made its appearance, after a long absence, in July, 1869, in a German family living in the township of Lawrence, about three miles from Trenton. Six children in this family were attacked, of whom three died; one early in the attack from the malignancy of the disease, and two at a later period, exhausted by the amount of suppuration of the parts about the throat. From this time occasional cases occurred, until

during the latter part of last autumn it may be said to have become epidemic in the city of Trenton and its suburbs. A large number of cases occurred during the winter, and the disease has not yet taken its departure from our midst. Fortunately, it has not been a severe epidemic, there having been but a few malignant cases. I have nothing special to note in the way of treatment. Early use was generally made of stimulants and tonics, and good nourishment was exhibited. Purgatives were avoided, and only mild laxatives were used when there was any indication for procuring action on the bowels. Your Reporter met with one fatal case, which he believes exhibited clearly the unfortunate effect of the use of remedies which have a tendency to produce gastro-intestinal irritation. A child, twelve years of age, was taken with the initial symptoms of Scarlet Fever, whereupon a physician was consulted, who gave some doses of calomel which decidedly and seriously aggravated the gastro-intestinal irritation, and upon the following day the patient was found in a sad condition; the eruption appearing in livid patches. No treatment that could be instituted proved of any avail; the patient was constantly delirious, and died comatose on the third day.

Diphtheria, which prevailed in Trenton and vicinity during the autumn and early winter, made its first appearance in the latter part of August, so far as can be ascertained. From that time onward for a few weeks there were occasional cases occurring, until finally it assumed the proportions of an epidemic. I note nothing peculiar in the cases or their treatment. In the month of September the disease appeared in a serious form, at Dutch Neck in West Windsor township, and was exceedingly fatal. Its appearance had been almost immediately preceded by a disease among the poultry, which had been wonderfully fatal. Dr. Deshler of Hightstown, who

saw some of the cases, says: "The visitation continued about three weeks. The country is level, comparatively free from marshes and undrained land; the soil under constant cultivation, and the community one of the richest in the State, possessing all the characteristics of a healthy rural district. The epidemic was limited in extent to an area of one mile by three." Some forty cases occurred. They were nearly all fatal, as many as five deaths occurring in one family. "Death from asphyxia taking place in from three days to two weeks after the beginning of the attack. The prominent constitutional symptoms were fever at first, followed by great depression of vital force, rapid disintegration of the blood corpuscles, and albumen in the urine. The exudation in the throat was dark ash-colored, putrid, tumefied, and bleeding on the slightest touch. The treatment indicated as most efficacious was quinia, iron, chlorine, with nutritious diet and stimulants. Locally to the throat, ferru. alum, tinc. ferri chloridi, or liq. hydrarg. nitrat." I have no report of the prevalence of the disease in other portions of the district.

There is a locality in Trenton, situated near the junction of the Canal and Feeder, familiarly known as the Swamp, which is inhabited principally by negroes. The ground is some six feet below the level of the canal, is naturally swampy, and is illy drained. During the months of July and August last there prevailed among the denizens of this locality a fatal disease, which gave rise at the time to considerable alarm and discussion. Some twenty negroes were attacked and died. The cases were nearly all fatal, some dying as early as the second day. The disease was undoubtedly a malignant malarial fever—a few cases assumed the hemorrhagic type, bleeding profusely from the mucous membranes. One case, known to have recovered, died recently of consumption. The white people living in the vicinity were

not attacked by the disease. After proper drainage and "policing" of the malarious district, the disease abated.

The cases of Pneumonia observed by your Reporter and others during the winter were of a decidedly adynamic character, requiring early stimulation and support. Venesection was not practised; in fact, I think the lancet is but seldom used amongst us. Dr. C. Shepherd informs me that he recently had occasion to use it in two cases of convulsions occurring in cases of dropsy following Scarlet Fever, and with excellent results. The convulsions were not only relieved, but the congestion of the kidneys likewise, and the effusion then responded promptly to the remedies exhibited.

By Dr. J. L. Bodine I have been furnished with some information concerning the health of the New Jersey State Prison during the past year. In an average population of six hundred, there has been no epidemic nor any large amount of sickness. In the spring of 1870 several cases of Acute Tonsilitis were under treatment, and a few cases of Diphtheria sore throat. Rheumatism prevails throughout the year, but usually in a mild form. In a general way, a person who has an attack of sickness in the Prison is very slow in recovering. Restorative treatment is usually demanded. Four negroes died during the year from consumption. Two of these were cases of chronic consumption; two of acute typhoid consumption, running their course in less than two weeks. One negro died of congestion of the brain. Three white men died during the year of disease of the throat. One man who had chronic laryngitis, with fatty liver and kidneys, died of rupture of the heart, evidently caused by a severe fit of coughing. There was advanced fatty degeneration of the muscular tissue of the heart. The left auricle was the seat of rupture. Another man died of chronic Pericarditis with effusion. There was a pint of fluid in the pericardial cavity.

The fluid was straw-colored, with flakes of lymph floating through it. Both layers of the pericardium were much thickened. The pericarditis was owing to the venereal poison. He had been treated for Syphilitic Rupia three or four years before his death, and cardiac symptoms had supervened—they were never urgent. His death was sudden. A third case had a history of rheumatic fever in early life for several successive winters. The heart was involved in several of these attacks. He had complete obliteration of the pericardial cavity, hypertrophy with dilatation and insufficiency of both mitral and aortic valves. Both sets of valves were thickened, and two of the semilunar folds constituting the aortic valve, were adherent to and fused with one segment of the mitral valve. For several months past there has been considerable neuralgia among the convicts. Facial neuralgia with eruptions of herpes have been observed in several cases.

W. W. L. PHILLIPS, *Reporter.*

TRENTON, May, 1871.

MIDDLESEX COUNTY.

Chairman of Standing Committee:

The Reporter of Middlesex County Medical Society respectfully reports as follows: The professional status and esprit de corps has been well maintained; the members of the Society have all shown a commendable zeal in the prosecution of professional labor. No serious breaches of professional courtesy have been brought before our official gatherings. In the county of Middlesex we boast of a Microscopical Society, made up mostly of members of the medical profession, and numbering among its active operators many of our County Society.

The past year has been marked by no invasion of alarming epidemics. Certain localities have furnished cases of Typhoid Fever, which have evidently arisen from local causes, but betrayed no particular malignancy. During the winter months Scarlatina prevailed, but not in an epidemic form. The cases very generally presented that phase of the disease in which the poison attacked the kidney, as shown by the presence of blood corpuscles, renal epithelium, granules, and casts under the microscope, and, when chemically tested, albumen.

In some cases secondary lesions of the nervous system appeared with varying results, the majority proving fatal. In two families, under the care of the Reporter, this form of the affection was most marked. One family of four presented three cases of Albuminous Nephritis, with the microscopic appearances above named—all recovered. In the second family four children were attacked. The cases were of the milder variety, save one in which the throat suffered much, the disease assuming a malignant form. Each case presented albumen in the urine, and in one the brain became so much involved from Uræmia that semi-coma and convulsive seizures were present for twenty-four hours. All the cases recovered.

The treatment was largely directed to the elimination of urœa and the detection and relief of local lesions. Your Reporter has also to record three cases of fracture of the neck of the thigh bone, one of them of the impacted variety, in a patient about 55 years old, and the other two in patients aged respectively 48 and 65 years. The patient (male) with impacted fracture moved about for some days, with support, before the impaction gave way, when increased shortening (about an inch and a quarter) was apparent. The case was under the care of Dr. Wyckoff of Princeton.

The two other cases were females, the amount of shortening

being half an inch. Eversion of the foot was present in each case. Crepitus was distinct in two cases, and not detected in the third. The amount of shortening in each case is at present less than one half inch. Osseous union has occurred with all. Two now walk without cane or other support, and limp but little. The last under treatment walks about with the assistance of a crutch, which will no doubt be soon laid aside. The Physostigma has been used in a case of Trismus Nascentium with marked amelioration of the spasms and improvement of the patient. The patient died just one month from its seizure. This untoward event may be perhaps explained by the fact of the patient having been without the remedy for forty-eight hours before death, it being impossible to obtain a re-supply.

Drs. Treganowan, Pearce and Clark all report the occurrence of Intermittent Fever in the vicinity of salt marshes.

The general testimony from the physicians of the county indicates the necessity of increased care in the use of Chloroform, and approves highly of the use of Bromide of Potassium.

Chloral has scarcely retained the high rank which it at first asserted.

Mention may be made of three cases of pregnancy, accompanied by albuminuria. The first to demand attention was that of a young woman (22 years old) who was confined about two and one half years since, at which time she had twenty convulsions. Albumen was abundant and has existed ever since. She passed through her second confinement without convulsion.

The second is that of a primapara who was largely œdematous, albumen very abundant, confined about two weeks before full term, but no convulsion occurred; had pain in the head, and great disturbance of the nervous system.

The third—a primapara—albumen abundant, great general anasarca, confined at term with twins—no convulsion. The treatment was directed to assist the elimination of urea, and relieve Hyperæmia of the Kidneys. Dry Cups, Gallic Acid, Citrate of Potash, and especially Tartar Emetic and Liquor Ammoniæ Acetatis in combination were useful.

HENRY R. BALDWIN, *Reporter.*

NEW BRUNSWICK, May, 1871.

MONMOUTH COUNTY.

Chairman of Standing Committee, &c.:

Throughout our County, so far as I can ascertain, the early months of the past year were remarkable for the slight amount of sickness which prevailed; and in our immediate vicinity there seemed to be a peculiar immunity from the usual diseases incident to the Summer season, until about the first of August, when Diarrhœa, Dysentery, Cholera Infantum and Cholera Morbus suddenly appeared with unusual intensity.

A number of cases of Cholera Infantum and simple irritating Diarrhœa, in young children, were treated with the bromide of potassium; but in our hands it did not seem to be of so much service as in similar cases of the preceding Summer. Several obstinate cases of Cholera Infantum were greatly benefited by pepsine, carbolic acid and bismuth, according to the formula recommended by Dr. Lehlbach, in the Trans. of the N. J. Medical Society for 1869.

Cases of Cholera Morbus among adults were numerous, and the attacks severe, several deaths occurring in our community. All the cases which came under our observation were promptly relieved by the hypodermic injection of morphia, and the internal administration of chloroform, together with sinapisms or turpentine stupes to the abdomen.

During the Autumn, a few cases of Typhoid Fever made their appearance in our town. Of these, eight came under our charge, and two died, one on the ninth, (9th) the other on the twelfth (12th) day, death in both instances seeming to be due to the intensity of the disease. The treatment in all the cases was essentially the same, viz: the mineral acids, with quinine, turpentine stupes or hot fomentations to the abdomen, and occasionally turpentine internally whenever there was much tympanites, and sponging the body with tepid water whenever there was much elevation of the temperature. Diet confined to milk and beef essence. Stimulants were given when indicated by a feeble pulse.

The first two months of Winter were marked by the usual diseases incident to the season, while in February, in our vicinity Rubeola made its appearance, and prevailed as an epidemic until the latter part of March; all of the cases, so far as I can learn, being of an exceedingly mild type. A few cases of Scarlatina prevailed at the same time, but I heard of no deaths from it.

Doctors A. B. Dayton (a Fellow of the State Society since 1854), and John R. Conover, both members of our County Society, have died during the last year.

I append some cases of interest which have come under my notice, with one by Dr. Vought.

D. McLEAN FORMAN, *Reporter.*

FREEHOLD, April, 1871.

DR. FORMAN'S CASES.

No. I.—*Poisoning by Strychnine. Treatment by Opium, Chloroform and Hydrate of Chloral.*

Mrs. J., aged fifty years, had been suffering for several months from general debility, the result of a functional derangement of the organs of digestion, and had been taking as a tonic, iron, quinine and strychnine, (the latter in

doses of gr. 1-32) for several weeks. The quantity of sulphate of strychnine was gradually increased to gr. 1-16 at a dose, three times a day, without producing any of its unpleasant effects, until the evening of September 24th, 1870, the fourth day after the increase of the dose, when I was summoned in haste to her bedside, where I arrived in a few minutes, and found her presenting the following symptoms, which the nurse informed me made their appearance immediately after taking her evening dose of the medicine:

There were violent tetanic spasms, affecting to a greater or less degree the whole body, but more especially the limbs and respiratory muscles, the latter to such an extent that asphyxia was imminent. During the tetanic convulsions, which occurred in rapid succession, the patient complained of intense pain in the legs, neck and lower portion of the spine; during the intermission, of stiffness of her muscles, formication, and an inability to move her lower extremities. The surface of the body was cool, and covered with perspiration; pulse eighty (80) and feeble. Intellect unimpaired; she dreads the recurrence of the convulsions, and worries on account of the paralysis in legs.

At 7 *P. M.* ten minims of Magendie's solution of morphine were injected into her arm, and thirty drops of chloroform in an ounce of whiskey given by the mouth.

7.30 *P. M.* Convulsive action is now confined mostly to the limbs, recurs at intervals of about three minutes, is not quite so violent as at first, and not so painful. Administered Mag. sol. morphia mx., and of whiskey ℥ss.

9.45 *P. M.* Surface warm; pulse eighty and stronger; pupils contracted to the size of a pin's head; respiration normal, except when respiratory muscles are convulsed. There is constant twitching of the muscles of the limbs, and frequently of those of the body; patient continually tossing her hands above her head; has slept none, has no pain, is unable to move her legs, complains of a "distress" over the sacrum and about the external organs of generation; also, of stiffness and formication in various parts of her body, but more especially in her legs. About every three minutes the twitching of the muscles is exaggerated into a spasm of momentary duration.

10 *P. M.* There is no change in her condition. Administered chloral hydratis gr. xx in syrup of tolu and water.

10.15 *P. M.* There is less twitching of the muscles, and the intervals between the convulsions increased to about five minutes. Patient is a little more quiet, but does not sleep.

10.45 *P. M.* Convulsions not quite so frequent; patient sleeps two or three

minutes at a time between them, and is now able to move her legs a little. Administered chloral hydratis gr. xx.

12 *P. M.* Patient went to sleep immediately after taking the second dose of chloral; has awakened but twice during the past hour and a quarter, and then retching a little without vomiting, went directly to sleep again. There have been no more spasms, and the muscular twitching has almost ceased. During the remainder of the night the patient slept as quietly as in a natural sleep, and on the following day complained of nothing except a dizziness when she attempts to sit up, and a general "soreness" of nearly all her muscles, with a "great weakness" of her legs. The muscular soreness passed off in a few days, while it took two or three weeks for her to regain her usual strength in her lower extremities.

During the past five years, while engaged both in hospital and private practice, the sulphate of strychnia has been a favorite remedy of mine where tonics of that nature are indicated, and I have repeatedly used it in doses ranging from gr. 1-32 to gr. 1-12 without having witnessed the physiological effects of an over-dose; but the experience in this case will lead me in the future to use it in smaller doses than has been my custom.

The history of this case would lead us to infer that strychnia, (though given in solution), like digitatis and some other potent remedies, accumulates in the system, as it was not until the twelfth dose had been taken that it showed its marked physiological effects. Opium, chloroform and alcohol seemed in this case to exert some influence in counteracting these effects, but the rapid subsidence of the convulsive action and amelioration of the symptoms of poisoning after the administration of the chloral hydrate, shows that the latter produces the same effect on man when suffering from the physiological effects of strychnia, as upon animals under the same influence; thus confirming the results of experiments by physiologists, and proving it to be one of the best antidotes to strychnia that we possess.

No. II.—*Fracture of Humerus, at junction of lower and middle thirds. Delayed Union successfully treated by "Hamilton's Method."*

H. S., aged thirty-two years; healthy. On the 14th of January, 1870, the patient's right arm was run over by a wagon, and the humerus fractured at the junction of the lower and middle third. The fracture was dressed on the same day by his attending surgeon, with a shoulder-cap extending as low as the elbow, but not supporting the forearm, and short coaptation splints

on the inside, embracing the arm at the point of fracture. The forearm was supported in a sling. About a month after the injury, the splints were removed and not re-applied, the patient being told that "the arm was all right." On the 8th of April, (nearly three months after the receipt of the fracture), being unable to use his arm, he applied to me for advice.

Upon examining it, there was found a good deal of enlargement of the bone at the point of fracture, with a free motion of the fragments upon the application of a very little force. The arm was shortened a little by the over-lapping of the fragments, and surrounded by a sole-leather splint, which the patient himself had applied; the forearm was carried in a sling.

Believing with Dr. Hamilton (vide Hamilton on Fractures and Dislocations, third edition, page 238,) that delayed union, and in some cases non-union of these fractures, is due in many instances to the fact that the elbow joint, after the arm is carried in a sling for a few days, often becomes the seat of a temporary false anchylosis, and that where the forearm is not supported by an angular splint so as to prevent the movements of extension and flexion, these movements, instead of taking place in the joint which is temporarily falsely anchylosed, will produce a motion of the lower fragment at the point of fracture, I adopted the plan recommended by Dr. Hamilton, viz: extended the forearm upon the arm, and applied a long straight splint on the inner side of the arm, extending from near the axilla to the wrist, and in this manner made all motion in the arm take place at the shoulder joint instead of at the point of fracture.

May 20th, 1870. Patient returned to me to-day; now nearly six weeks since I saw him. The treatment I advised has been carried out, and union has now taken place, though it is not yet firm. As the straight portion of the arm is inconvenient, I directed him to re-apply his leather splint, and carry his forearm in a sling.

July 7th, 1870. The patient again returned to-day. The union is now firm. Removed all dressing, and ordered gentle exercise.

Case by Dr. John Vought.

Compound Comminuted Fracture of the Femur communicating with the Knee Joint; successfully treated with Carbolic Acid.

J. N——, aged thirty years, by occupation a laborer on the railroad, a man in perfect health and of fine physique, on the night of October 4th, 1870, while engaged in coupling cars had his left thigh crushed between the

"bumpers," producing a compound comminuted fracture of the lower end of the femur. The fracture was compound by two openings; one on the inner aspect of the thigh, about four inches above the knee, and the other on outer aspect, about two inches above the joint. A finger introduced into lower opening could be pressed into the joint, and a very extensive comminnution of the lower end of the femur detected; the bone appearing to be literally crushed, a fragment the size of a quarter of a dollar being entirely detached, so that it was removed at the time of examination. The shock attending the injury was very slight.

On the morning following the injury, Drs. Goodenough, Hall and Forman having seen the case in consultation, it was determined to try to save the limb by Mr. Lister's treatment by carbolic acid. Accordingly the wounds were washed out by a solution of the acid, and dressed with the "carbolic putty," the limb being placed in a fracture box, and its position maintained by packing it in bran.

For the first ten days there was slight febrile action, but the pulse did not rise above one hundred to the minute, and the discharge from the wounds was mostly of a serous character and small in quantity. After the first week, the dressing of putty was changed to a dressing of picked lint, saturated several times a day with a solution of the carbolic acid in linseed oil (gr. v. ad ℥i.) After the first two weeks all constitutional symptoms subsided, the local treatment remaining the same, and the progress of the case was unmarked by any untoward event.

At the end of two months, union was sufficiently firm to remove the limb from the fracture box, and a few weeks afterwards the patient commenced to walk with crutches.

At the present time, (six months after the injury), the patient walks with the aid of a cane only, and has good motion in the knee joint. The original wounds which rendered the fracture compound still remain open, as small sinuses, through which a number of small pieces of necrosed bone have been extruded, while others can still be felt in their track. For valuable assistance in the treatment of the case, I am indebted to Drs. Goodenough and Forman.

SOMERSET COUNTY.

Chairman of Standing Committee:

The past year has been marked by a prevalence of several epidemics throughout our county. *Pertussis* was everywhere rife; one case is reported in which capillary bronchitis supervened, and terminated fatally. Various methods of treatment were adopted by different practitioners; belladonna was highly extolled; vaccination (where the subject had not been vaccinated previously) was regarded as a specific—"if it took;" and in several cases where the opportunity was afforded, your Reporter tested its efficacy, with the result in one case of complete success; the kinks diminishing in frequency and violence as the pustules developed, and ceased entirely with the completion of the vaccine disease. Two others were temporarily relieved.

The bromides appear, by the mass of testimony in their favor, to afford the best results in the treatment of Pertussis. Parotitis prevailed extensively. In one case, an adult, metastatis to the testicle occurred. The affection yielded to appropriate treatment. Very few of the others required any active medical interference.

One case of Small-pox, resulting fatally, occurred at Millstone; the patient, aged three years, had never been vaccinated; was supposed to have contracted the disease while on a visit at the city. Subsequently, several others in the family, or among the attendants, who had been vaccinated, were attacked with varioloid. The appearance of the disease created no little alarm throughout the county. Rubeola and Scarlatina have not extensively prevailed; not a single case of either having occurred in my practice during the past year. Although the weather this Spring has been decidedly *humid*, the season was remarkably healthy.

Our Society is in a prosperous condition; good feeling prevails among the members, and the meetings are well attended, with evident pleasure and profit.

I enclose a detailed report of cases by Dr. Jas. S. Knox, of Somerville.

J. F. BERG, *Reporter.*

NORTH BRANCH, 8th May, 1871.

DR. KNOX'S CASES.

Having frequently observed the intractability of Dyspepsia, so-called, under approved methods of treatment, its sudden appearance and disappearance without known cause, and the entire absence of gastric organic lesion in two or three post-mortem examinations, I was led to separate certain cases, as being simple gastric nervous irritability. Seven cases were so treated, with the following results:

CASE I.—Mr. K., aged 35; married; pale and delicate-looking from close confinement in a store; not subject to neuralgia; has suffered for six weeks with severe irregular pains and sense of heaviness in epigastrium, aggravated by mental anxiety, fatigue, and hot and cold drinks; digestion not impaired, and bowels regular; has taken cathartics, and been treated for dyspepsia without benefit.

Prescribed Fowler's solution, m. 3, in water, after each meal. Completely relieved in twenty-fours, with no return six months afterward.

CASE II.—Mr. S., aged 50; farmer; looks haggard, emaciated, and irritable; not subject to neuralgia; for fifteen years has suffered irregularly from dyspepsia; lately pain in epigastrium has become persistent; any introduction of food or liquid provoking vomiting.

Saw patient in consultation. Prescribed Fowler's solution, m. 6, after each meal, with sub-nitrate of Bismuth before eating. Relieved in forty-eight hours. Subsequently became entirely well under citrate of Iron, Quinia, and Strychnia.

CASE III.—Miss W., aged 16; well nourished, but nervous and excitable; has for past six weeks been under treatment for double strabismus, and was operated upon without any anæsthetic; now suffers from anorexia, uneasy

and painful sensations in epigastrium, and frequent headache; has been treated for dyspepsia.

Prescribed Fowler's solution, 3 m., after meals. Relief in forty-eight hours. Subsequently entirely cured by Citrate of Iron, Quiniæ, and Strychnia.

CASE IV.—Miss A., aged 13; is pale, anæmic, and nervous; suffers from menorrhagia and dysmenorrhagia; for the past six months has complained of anorexia, with pain and weight in epigastrium, irregular, and not influenced by injestion of food.

Prescribed Fowler's solution, m. 3, every four hours. Relief experienced promptly, with no return.

CASE V.—Miss B., aged 30; seamstress; healthy-looking; for one year has suffered irregularly from loss of appetite, pain in epigastrium, indigestion and irregularity of bowels.

Prescribed out-door exercise, and a pill containing calomel, nux-vomica and aloes, to be taken each night at bed-time. Bowels regulated and appetite better, but dyspepsia not relieved. Prescribed Fowler's solution, 3 m., after meals. In a day or two all pain had disappeared, and six weeks afterward was still well.

CASE VI.—Mrs. C., aged 24: pale and anæmic; suffers from neuralgia, dysmenorrhœa and menorrhagia; for six days has suffered intense pain in epigastrium, and hyperæsthesis of whole abdomen. Bowels obstinately constipated, pulse irritable, with hectic fever; has been treated for inflammation of the bowels. The neuralgia was promptly relieved by Fowler's solution, 5 m., every four hours. Subsequent treatment, tonics and generous diet.

CASE VII.—Mr. A., aged about 49; spare, active man, in fair health; has been troubled for years with dyspepsia, irregularly; has tried many reputed remedies without avail.

Prescribed Fowler's solution as above, alternating with Bismuth, as in case 2. Was at first relieved, but at the end of a week relapsed. Have not since heard from him.

SOMERVILLE, N. J.

SUSSEX COUNTY.

Chairman of Standing Committee, &c.:

To aid me in preparing the medical history of this district for the past year, I have sent to each member of our Society a circular letter, making general inquiries in regard to the amount, class, and type of disease, as it had prevailed in their practice. Most of these have been filled up and returned, but I am unable to glean from them anything of special interest to the profession. The ordinary diseases of the different seasons have prevailed and been treated with the usual remedies. Throughout the district the amount of sickness has not only been less than usual, but in every section the existing diseases have been mild.

There has been much less Typhoid Fever than usual, while Intermittents and Remittents have been everywhere more common. The two latter have been noticed more particularly in the practice of those living along the route of the Midland Railroad, which is being built through the county, and is probably due to the turning up of the soil in low and wet places.

Scarlet Fever, of a very mild character, has prevailed during the entire year in some portions of the district. During the spring months I have heard of an epidemic in our own town, characterized by the usual symptoms of Scarlet Fever, but not accompanied with an eruption. I have not met these cases in my own practice, and have not obtained an accurate description of them. Measles has existed to a limited extent in two isolated districts.

Diphtheria, of a mild character, has been met with at Deckertown. One case in my own practice was treated with the permanganate of potash, the effect of which is very satisfactory.

I have met with a few cases of Whooping-cough, none of which have required anything more active than the ordinary cochineal mixture to render their course mild and the result favorable. This has been my favorite remedy, notwithstanding I was favorably impressed, while connected with the Nursery Hospital of New York, with the use of belladonna, in large doses, combined with the sulphate of zinc. In severe cases I should resort to this combination with full confidence of alleviating a majority of them, and of entirely arresting a few.

Contrary to my expectations, disorders of the bowels were not more frequent than usual after the long-continued high temperature of the summer. In my own practice, derangements of the stomach and liver, followed by intermittent hemicrania, seemed to be the only result of the prostrating heat.

Dysentery has been less frequent, and very mild, and has occurred principally in those sections where intermittents and remittents have existed in an endemic form.

As far as I can learn, Entero-Colitis or Inflammatory Diarrhœa, among children, has not prevailed to its usual extent. This is one of the most important diseases of young children in this section, and constitutes a large majority of the cases generally called cholera infantum. In my own experience, many of these cases, in a chronic form, terminate unfavorably, from our inability to impress upon those having the care of these little patients, the importance of proper hygienic and dietary regulations. As physicians, we do not exert the influence we might wield, if we would act in concert in condemning the too common custom of over-feeding or of burdening the stomachs of infants with an unsuitable diet. Children that are fed on a diet composed principally of farinaceous articles, and are allowed to taste of every article

prepared for adults, seldom escape bowel complaints during the summer heat, and a proportion of them end in this serious disease. This custom, to a great extent, is followed through ignorance of its bad effects, and it becomes our duty to explain the danger of such a course. Other matters, equally important, are worthy of our attention in this direction. I refer to these matters in the belief that we are apt to rely too much on therapeutic measures, to the neglect of prophylaxis, and do not sufficiently impress parents with its importance, to prevent a return of the disease after it is once abated. In regard to medicinal treatment, it is safe to say, that very many cases yield to a very simple course, if exciting causes be removed. At the beginning of the attack, if I have any reason to think the bowels are offended by any undigested food, I remove it with a small dose of castor-oil or spiced syrup of rhubarb, with a drop or part of a drop of laudanum. In those cases which begin with great irritability of the stomach, I find it most easily allayed with very minute does of calomel and opium, in connection with teaspoonful doses of the neutral mixture, at the same time withholding, for twelve hours if necessary, all diet and drink. If further treatment be required, I use powders of prepared chalk with minute doses of calomel, opium and ipecac, with occasional resort to the well-known oleaginous mixture of Dr. West. Notwithstanding the opposition to mercurials made by many city practitioners, I am convinced by my own observation in this section that no other course will answer the purpose as well in this stage. Should the case become chronic, I generally resort to astringents, and occasionally to stimulants, to ward off the supervention of cephalic symptoms.

On the last day of March, 1870, I was called to an interesting case of ophthalmic disease, the history of which, in brief, is as follows: In the month of August, 1869, while in the woods

hunting, the patient observed a dimness of sight in the left eye, which rapidly increased, until at the end of two weeks vision was entirely gone. His physician was unable to detect any cause for the loss of sight, and supposed it was due to paralysis of the optic nerve. The patient complained of no pain until the early part of December, at which time he was treated for sclerotitis, but obtained only partial relief from the severe pain. After many weeks he became dissatisfied, and abandoned treatment. Continuing to suffer, he sought relief from another physician, who attended for three weeks without benefit. I saw him March 31, and found him suffering the severest pain in the diseased eye, with the pupil closed, as the result of internal inflammation, and a staphyloma of the sclera. The right eye was affected with sympathetic inflammation, and very intolerant to light. I was enabled to arrest the sympathetic disease, and with large doses of opium to moderate the pain, so that the patient was able to attend to his business affairs for some time afterward, and only complained of a dull pain in the left eye. I had advised removal of that eye as the only means of saving the right one, and in June, after an increase of the pain, I urged the necessity of enucleation, and for this purpose accompanied him to New York to consult Dr. C. R. Agnew. He advised the operation, and it was performed the following day (June 21st), by Dr. E. G. Loring. The globe was removed with great difficulty, on account of adhesions to the tissues of the orbit, and, upon examination, it presented an internal sarcomatous tumor. The sympathetic affection of the right eye was at once relieved, and the patient continues well.

JONATHAN HAVENS, *Reporter.*

UNION COUNTY.

Chairman of Standing Committee:

We have had a visitation of Small Pox of a mild character, which, having been promptly taken in hand by our municipal authorities, caused but one death in this city.

In regard to the correctness of the statements of Dr. Price, of Burlington county, I do not hesitate to say that I coincide with him in the opinions he expressed concerning the influence of salt marshes. More than thirty years since, my attention was specially attracted to the causes of Intermittents, &c., then quite prevalent in this vicinity, and I am quite sure that the removal of forest trees, and the upturning of soil previously uncultivated, was the most prolific source of the miasmatic troubles which then afflicted this portion of the State. Our immigration was then almost entirely from Ireland, and those who settled among us seemed to be peculiarly susceptible of miasmatic influences. They would erect their humble dwellings in the localities most convenient for their avocations, often, perhaps generally, upon lands either wholly or partially cleared, frequently covered with growing underbrush, which they removed only as they needed the ground for tillage. The result, was, as I have stated; but so far as the immediate vicinity of our true salt marshes, known as the "Newark and Elizabeth great meadows," is concerned, I have always doubted their production of the deleterious effects so often charged against them.

W. N. WHITEHEAD, *Reporter.*

ELIZABETH, May 10th, 1871.

WARREN COUNTY.

Chairman of Standing Committee:

The chief epidemic of last summer in this County was one of mixed Intermittent, Remittent and Bilious Fevers, which

prevailed at the village of Hope and vicinity, from July to November, 1870. Dr. Hulshizer informs me that every family had cases, and that 270 persons of a population of 300 were subjects of some form of fever. The village itself has an elevated site, with good drainage in every direction, but this position is surrounded on nearly every side by extensive meadows, some cultivated, but others of native swamp, their perfect drainage being hindered by a mill-dam. This being a fixed condition, and there having been almost total exemption from these fevers for many years, speculation was rife as to the *additional* cause. This, in the popular idea, consisted in the raising of the mill-dam to the extent of six inches, thus flooding a more extensive surface. The profuse warm rains of the early season made an exuberant vegetation, which decayed rapidly. The opportunity to observe the presence of microscopic vegetable growth was not used, but a time to test the new theory as to cause of intermittents could not well have been more favorable. The epidemic was successfully treated by those in charge, the only grave cases being those in which the type was gastric, with thinning of mucus membrane of stomach. Your Reporter, from personal observation, records a confirmation of an opinion formed fifteen years since, that after an extensive prevalence of Intermittent in autumn, Pneumonia, or Intermittent fever with pneumonic complication, will be unusually frequent from February to May of the ensuing year. Another, that an epidemic gastric fever, by the manifest disabling of digestive power, is followed by an increased number of cases of Phthisis, proving itself an agent to be dreaded where tubercular diathesis exists.

Scarlet Fever has been the epidemic of the Valley of the Paulins Kiln from January until May of this year. The type has been severe. Many adults were affected. The throat affection was common, but not often fatal. The greatest

danger has been either from the acute suppression of the urinary secretion in the first stage, producing death by coma, or from the poisoning from acute albuminuria, occurring with secondary symptoms.

My purpose to dilate on points of treatment cannot now be carried out. I append notes of cases by Dr. Jno. S. Cooke.

J. C. JOHNSON, *Reporter.*

Cases by Jno. S. Cook, M. D.

I.—Traumatic Tetanus.

1870. Feb. 5th.—Was called to see G. S., son of Hon. P. Smith, of Waterloo, Sussex County, about seven miles distant. I found a young man, about nineteen years of age, of a nervo-sanguine temperament, who had developed young and had been remarkably strong and healthy. He was suffering little inconvenience from a lacerated wound of the middle third of deltoid muscle, about one inch wide and two and a half in length, confined to the cellular tissue, and not penetrating the muscular fibre. I ordered a solution of carbolic acid to the wound. Saw him again on the 7th; continued the acid solution, and left him, not expecting to see him again.

Feb. 11th.—Received a summons to visit him again—"that there was *proud flesh* in the wound," and he was not doing well. Found him comfortable, suffering no pain—no fever—wound healthy in appearance. Changed the dressing to bread poultice, and gave a cathartic, as the bowels were torpid. The appetite was natural.

Feb. 14th.—Wound healthy in appearance; granulations springing up. Cauterized slightly with nitrate silver; no fever, etc.; continued poultice.

Feb. 17th.—Removed slough from wound; found a slight febrile excitement; gave a cathartic, and left a solution of morphia to quiet restlessness which had shown itself the night before. He had been walking around, and supposed he had taken cold. Saw no symptoms to excite a suspicion of any extraordinary complication. Dressed the wound by supporting edges with strips of adhesive plaster, and with resin cerate.

Feb. 19th.—Found him suffering with pain in back and increased restlessness; wound healthy in appearance. Gave him Dover's Powders (grs. x) every three hours, and left the morphia to be given according to symptoms.

Feb. 20th.—Intense pain in back; spasmodic character so great as to be impossible to sit in his chair; was walking around; had not been able to sleep; presented an appearance of general distress. Began to apprehend the nature of the case. Gave a cathartic, and increased the quantity of morphia.

Feb. 21st.—Found him in bed. Pain confined to muscles of the back, more particularly those of the lumbar region; some rigidity of the abdominal muscles; increased quantity of morphin, to be given in grain doses according to indications. Also gave a pill containing Quin: Sulph: grs. ij —Opii. Pulv. ½ gr., every two hours.

Feb. 22d.—Was summoned in the night. Found him suffering from general tetanic spasms. Rigidity of muscles of back, abdomen and limbs; stiffness of muscles of jaw. Remained with him twelve hours; gave him morphia 1 gr., endemically, every hour for three hours, repeating afterward as symptoms required – on average every two hours; used Magendie's solution; gave him Morphin 1 gr., with Pil. Quin: and Opii, as above, alternately, every two hours. Left him comparatively comfortable, but suffering from the peculiar tonic spasms of back, limbs and abdomen. The injured arm was fixed at elbow, and rigid.

Feb. 23d.—Visited him on evening of 22d; remained with him until afternoon of 23d; spasms increased, and at times complete opisthotonos; breathing obstructed, from implication of muscles of diaphragm. Had been using Essence of Beef as nourishment, with whiskey as stimulant. Increased the quantity, repeating injections to meet emergencies, and applied epispastic to back, over the region of the diaphragm. Met Dr. Jno. Miller, of Andover, Sussex county, in consultation, about noon of 23d; treatment acquiesced in, and continued.

Feb. 24th.—Visit on evening of 23d; attendance continued during 24th, 25th, 26th, 27th and 28th; same line of treatment followed; spasms during this time almost continuous, when the effects of anodynes was in the least relaxed. The injections, containing 1 gr. of morphia would be repeated sometimes as often as every hour, averaging at least every three hours during the time from 24th to 28th. The mental faculties remained perfectly clear when aroused, which was done very easily. A slight noise or jostling was sufficient to cause a spasmodic action of almost every muscle, particularly those of the back. When suffering from the most severe spasm I could not but notice the effect of the anodyne. He would almost invariably exclaim, within three minutes after its administration, "Oh, doctor, how good I feel!"

The wound at no period of the disease presented other than a healthy appearance, although the process of healing did not progress until after the disease had passed its crisis, when it healed rapidly. Saw no relaxation of symptoms until morning of 27th. Spasms became less frequent, and a general improvement in condition of patient then commenced; there was very little, if any, relaxation of the spasms, however, for some time afterward. The limbs became gradually more manageable; the muscles of back slowly relaxed, but the muscles of abdomen remained as hard as stone until after April 20th—they being the last to yield. The muscles of the jaw were rigid during the spasms, when, under the effects of the anodyne, they would become relaxed sufficiently, by considerable effort, to protrude the tongue, which, at no time presented an unhealthy appearance. The digestive organs being at times in a torpid, but otherwise not in an unhealthy condition. The muscles of deglutition were involved during this period of the disease, but with effort Essence of Beef could be swallowed. The pulse ranged from 60 to 80, and at no time did it rise above that standard; neither was there any increase in the temperature of the skin. The interval included in those seven days embraced the increase and culmination of the disease. The constant attendance of the physician, or of an intelligent nurse, was absolutely necessary to take advantage of circumstances or the varying condition of the patient. The amount of nourishment taken in the form of beef essence was immense; it was literally by the quart. So also with the stimulus—all that could be given, *ad libitum*. The bowels were kept open, and when the amount of animal food was so great, the evacuations were correspondingly large and feculent. The cathartics used were for the most part Pil: Cath: Comp: followed by enema of Castor Oil and Turpentine.

March 1st.—Course of treatment continued to 9th, when morphin lost its control of symptoms—its quieting effect. Gave Blue Mass (grs. x.), followed by cathartic and enema. Had the bowels thoroughly evacuated; changed stimulus to wine. Gave him constant attention from evening of 8th to morning of 11th, with symptoms again improved. Resorted to morphin again, with Bromide Potas. (grs. xx.) every four hours.

March 12th.—Gave attention every night, with no unfavorable symptoms until evening of 18th, when I found another exacerbation—convulsions again more frequent—increase of mental excitement. Evacuated bowels more freely with Blue Mass, followed by Castor Oil, with enema of Castor Oil and Turpentine. Continued Bromide Potas., with endemic anodynes, and remained with him until morning of 20th. Had Dr. Miller in consultation on 19th; treatment approved and continued.

March 21st.—Visit evening of 26th, and attention given every night until April 1st. During this time symptoms gradually improved. Diminished frequency of anodynes and amount of stimulant; changed the diet to a lighter form. As soon as he was able to open his mouth sufficiently wide to masticate solid food, put him upon tonics, such as Infus. Quassia, Peruv. Bark, etc.

April 1st.—Was able to relax my attention to a single visit a day; during the greater portion of April to an occasional visit of once or twice a week, through May and June to about the 1st of July, when he passed from my care and attention. During this interval he took an Elix. of P. Bark and Prot. Carb. Iron, followed by a solution of Pyro. Phos: Fer: gr. x. three times a day. I found it difficult to wean him from the use of his anodynes, which he continued to use against my urgent protest. I left him in a debilitated condition, but all he needed was time and a proper restraint to regain his health.

In the report of this case I have endeavored to give a general outline of treatment. I know it is an imperfect one, but as you have solicited from me a report, I furnish it to you in its present shape, hoping it may prove of some value; and if there is one point above all others I think I can impress upon those who may have to deal with a similar case, even if another course of treatment may be adopted, it is this—See that your patient is properly nursed.

But, however great the satisfaction I may have experienced in the favorable termination of this case, I must say, the reward for my labors was such as many in our profession receive in return for faithful and valuable services bestowed—at the sacrifice of comfort, and oftentimes of health—and it has been such as almost to make me resolve to give no more such attention hereafter in any case. Although the parties are in affluent circumstances, their reception of my claim for services rendered, reminded me very forcibly of the old rhyme—

> "God and the Doctor men alike adore,
> Just in the hour of danger—not before;
> The danger past, both are alike requited:
> God forgotten and the Doctor slighted."

II.—Ulceration of the Stomach.

I may state a case of Ulceration of the Stomach which came into my hands in its advanced stage. The patient was a lady, about thirty years of age,

and was unable to retain the smallest quantity of any kind of food; attacks of vomiting of a disorganized fœtid matter were frequent, and the breath very offensive, even to herself. The bowels were costive, and there was great emaciation and prostration, with the accustomed nervous complications. I used carbolic acid, and, in the absence of an efficient solution, I employed a concentrated solution, with glycerine—one part of acid solution to six of glycerine—a teaspoonful three times a day. Controlled the nervous symptoms with Bromide of Potash, and for costiveness, a pill—

℞ Ext. Colocynth Comp., grs. i j.
Ext. Belladonna, gr. ¼.
Septandrin, gr. 1.
Strychnia, 1-32 gr.

One or two to be taken at night.

I saw an immediate improvement in symptoms, and the patient is now well.

III.—Foreign Body in the Œsophagus.

A young man was brought into my office, suffering from symptoms with which he had been taken while eating "a plate of raw oysters," in a saloon on the opposite side of the street. The pain was intense, coming on in paroxysms with only two or three minutes of comparative ease between them. His countenance presented an appearance of extreme suffering; pale and collapsed—a spasm of muscles of respiration, causing a sense of suffocation. In short, the symptoms present were such as to require immediate treatment. I found he had swallowed a piece of shell which had adhered to an oyster, and as the piece was from the inside lining of the oyster, its edges were sharp, and were causing all the trouble by their cutting into the coats of the œsophagus. How to remove the shell without injuring the parts in contact with it was a question. I immediately gave him 30 grs. Sulph. Zinc, followed by drafts of warm water, all that he could drink, sufficient to fill the stomach, and I had the satisfaction of seeing the piece of shell fly across the room, as soon as the emetic effect was produced, which occurred in the the course of fifteen minutes. The large quantity of water distended the œsophagus, and lifted the piece of shell from its position. It proved to be a piece one half an inch wide and three quarters of an inch in length.

IV.—Belladonna Poisoning.

Was called to see a child about five years of age. As soon as I entered, the mother showed me a vial of drops, of which she had given the child a teaspoonful about an hour and a half previous. The drops had been given in mistake for Arom. Syr. Rhei. I found the vial contained F. Ext. Belladonna, and the child presented the appearance of one suffering from the effects of the drug. The skin was hot and dry, and presented the peculiar efflorescence. Pupils largely dilated; pulse rapid; dryness of mouth and fauces, with extreme restlessness and starting of the muscles, threatening convulsions. Immediately gave Ipecac largely; did not stop to measure it, and had the satisfaction of seeing the stomach evacuated of its contents in the course of half an hour—and then ordered Tinct. Opii. 20 drops every half hour, and aqua calcis as a drink. Gave, in the mean time, a cathartic of Cal. and Podophyllin, but did not wait for it to operate. Gave first dose of tincture about 4 o'clock P. M., and repeated it at the intervals mentioned until 7 P. M., and then every hour until 1 o'clock A. M. The symptoms did not increase any after 7 P. M. The bowels were evacuated freely about 1 o'clock, with evident improvement in symptoms. Patient became more quiet, so that she took 15 drops only about 4 o'clock A. M. I found her sleeping quietly at 7—and a gradual improvement through the day; and, of course, no further trouble. She took in all about a fluid ounce of the tincture, and without it must have succumbed to the effects of the poison.

A case—the opposite of this—in which a child a few months old was given a large dose of Tinc. Opii. by mistake, was treated successfully with free doses of Belladonna by my brother, Dr. L. C. Cook. But, as I am not acquainted with the particulars, I only mention the fact to prove that there is a true antagonism between the two drugs, of which we have only to take advantage to save the lives of our patients, who have been so unfortunate as to be poisoned by either of them.

Hackettstown, May, 1871.

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TRANSACTIONS

OF THE

MEDICAL SOCIETY

OF

NEW JERSEY.

1872.

NEWARK, N. J.:
JENNINGS & HARDHAM, STEAM PRINTERS AND BOOKBINDERS,
153 and 155 Market Street.
1872.

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J. E. CULVER, ... BERGEN.
S. C. THORNTON, ... MOORESTOWN.

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Act of Incorporation, Sec. 1.

Those marked thus [*] are deceased.

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*William Burnett.....1767
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*Nathaniel Scudder.....1770
*Isaac Smith 1771
*James Newell.....1772
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*Hezekiah Stites..... 1775
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*John Beatty 1782
*——— Barber.....1783
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*Jonathan Elmer.....1787
*James Stratton.....1788
*Moses Scott.....1789
*John Griffith.... 1790
*Lewis Dunham.....1791
*Isaac Harris..... .1792
*James Newell.....1795
*Jonathan F. Morris.....1807
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*Lewis Morgan.....1809
*Lewis Condict.....1810
*Charles Smith.....1811
*Matt. H. Williamson.....1812
*Samuel Forman.... 1814
*John Van Cleve.... 1815
*Lewis Dunham.....1816
*Peter J. Stryker..... 1817
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*James Lee.....1820
*William G. Reynolds.....1821
*Augustus R. Taylor.....1822
*William B. Ewing.....1823
*Peter I. Stryker.....1824
*Gilbert S. Woodhull.....1825
*Wm. D. McKissack.....1826
*Isaac Pierson. 1827
*Jephtha B. Munn 1828
*John W. Craig.....1829
*Augustus R. Taylor..... ..1830
*Thomas Yarrow.....1831
*Fitz Randolph Smith.....1832
*William Forman.....1833
*Samuel Hayes.....1834
*Abm. P. Hagerman.....1835
*Henry Van Derveer.....1836
*Lyndon A. Smith.....1837

Benj. H. Stratton.....1838
*Jabez G. Goble.....1839
*Thomas P. Stewart.....1840
*Ferdinand S. Schenck.....1841
Zachariah Reed.....1842
*Abraham Skillman.....1843
George R. Chetwood.....1844
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*Charles Hannah.....1846
*Jacob T. B. Skillman.....1847
Samuel H. Pennington.....1848
Joseph Fithian.....1849
*Elias J. Marsh.....1850
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Wm. Elmer.....1860
Jno. Blane.....1861
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Theo. R. Varick.....1863
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Thos. F. Cullen.....1870
Chas. Hasbrouck.....1871

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*J. W. Francis 1827
*John Condict, Orange 1830
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*Valentine Mott, New York 1845
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Ferris Jacobs 1872
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ANNUAL MEETING, 1872.

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(District Society organized February 28, 1854.)

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T. H. Studdiford,	"	Wm. Knight,	*Annandale.*
M. Abel,	*Quakertown.*	J. S. Cramer,	*Sergeantsville.*
C. W. Larison,	*Ringoes.*	A. S. Pittenger,	*Clover Hill.*
C. H. Thompson,	*Stockton.*	A. W. Armitage,	*Woodsville.*
O. H. Sproul,	"	C. M. Lee,	*Baptisttown.*
Wm. S. Creveling,	*Stanton.*		

HONORARY MEMBERS.

J. R. Ludlow,	John McKelway,
John F. Schenck,	Henry S. Harris.
John Blane,	

No. Members, 15. O. H. SPROUL, Secretary.

MERCER COUNTY.

(Society organized .)

J. B. Coleman,	*Trenton.*	W. H. Coleman,	*Trenton.*
J. L. Taylor,	"	W. Green,	"
J. Woolverton,	"	E. H. Reed,	"
W. W. L. Phillips,	"	C. F. Deshler,	*Hightstown.*
T. J. Corson,	"	J. I. B. Ribble,	*Trenton.*
C. Skelton,	"	W. Elmer,	"
C. Hodge,	"	H. Schaefer,	"
O. H. Bartine,	*Princeton.*	G. S. Meeser,	*Titusville.*
R. R. Rogers,	*Trenton.*	L. Leavitt,	*Trenton.*
C. Shepherd,	"	T. H. McKenzie,	"
D. Warman,	"	J. W. Ward,	*Asylum, Mercer Co.*
J. L. Bodine,	"	W. S. Lalor,	*Trenton.*

J. B. James,	*Trenton.*	J. Quick,	*Trenton.*
J. H. Wykoff,	*Princeton.*		

No. Members, 27. J. B. JAMES, Secretary.

MIDDLESEX COUNTY.

(Society organized June 13, 1817.)

D. C. English,	*New Brunswick.*	D. Stephens,	*New Brunswick.*
Rush Van Dyke,	"	E. B. Freeman,	*Woodbridge.*
John Helm,	"	A. Treganowan,	*South Amboy.*
Chas. Dunham,	"	S. V. D. Clark,	*Perth Amboy.*
C. H. Vorhees,	"	C. McK. Smith,	"
H. R. Baldwin,	"	Geo. E. Blackham,	"
N. Williamson,	"	C. M. Slack,	*Dayton.*
J. W. Meeker,	"	Geo. J. Janeway,	*New Brunswick.*
C. Morragh,	"	W. E. Mattison,	"
N. Kaemmerer,	"	Ezra M. Hunt,	*Metuchin.*

No. Members, 20. D. STEPHENS, Secretary.

MONMOUTH COUNTY.

(Society organized July 24, 1816.)

Wm. A. Newell,	*Allentown.*	J. E. Arrowsmith,	*Keyport.*
A. A. Howell,	"	T. J. Thomason,	*Perrineville.*
John Vought,	*Freehold.*	Jos. B. Goodenough,	*Blue Ball.*
S. M. Disbrow,	*Squankum.*	Isaac S. Long,	*Englishtown.*
Henry G. Cooke,	*Holmdel.*	Asher T. Applegate,	"
John Cooke,	*Englishtown.*	A. K. Travers,	*Matteuan.*
James S. Conover,	*Freehold.*	P. B. Pumyea,	*Imlaystown.*
D. McLean Forman,	"	S. H. Hunt,	*Eatontown.*
Robert Laird,	*Squan Village.*	C. C. Vanderbeck,	*Allentown.*
Robert R. Conover,	*Red Bank.*	A. A. Higgins,	*Squan Village.*

HONORARY MEMBERS.

S. S. English,	*Manalopan.*	Edward Taylor,	*Middletown.*
A. V. Conover,	*Long Branch.*		

No. Members, 20. JOHN VOUGHT, Secretary.

PASSAIC COUNTY.

(Society organized Jan. 16, 1844.)

A. W. Rodgers,	*Paterson.*	G. H. Balleray,	*Paterson.*
R. Kent,	"	L. Burr,	"
R. J. Whitely,	"	H. W. Reisberg,	"
S. R. Merrill,	"	O. V. Garnett,	"
Wm. Blundell,	"	R. D. Bogert,	"
M. Moss,	"	Patrick Cahill,	"
C. S. Van Riper,	"	John Quinn,	"
O. Barnes,	"	G. Terhune,	*Passaic.*
O. Warner,	"	R. A. Terhune,	"
E. J. Marsh,	"	C. Van Riper,	"
J. R. Leal,	"	A. R. Randall,	"
H. C. Van Gieson,	"	J. C. Herrick,	"
G. W. Terryberry,	"		

No. Members, 25. G. H. BALLERAY, Secretary.

SOMERSET COUNTY.

(Society organized .)

Robert S. Smith,	John C. Sutphen,
A. P. Hunt,	J. Suydam Knox,
H. F. Vanderveer,	W. H. Merrell,
William B. Ribble,	D. C. Van Dearsen,
H. G. Wagoner,	Chas. H. Horton.
J. F. Berg,	

No. Members, 11. H. F. VANDERVEER, Secretary.

SUSSEX COUNTY.

(Society organized Aug. 22, 1829.)

T. H. Andress,	*Sparta.*	L. D. Miller,	*Newton.*
J. Linn Allen,	*Lafayette.*	E. W. Maines,	*Flatbrookville.*
Carlos Allen,	*Vernon.*	C. R. Nelden,	*Stanhope.*
J. B. Boss,	*Sparta.*	Thomas Roe,	*Walpack Centre.*
F. M. Cannon,	*Deckertown.*	Thomas Ryerson,	*Newton.*
J. P. Couse,	*Franklin Furnace.*	J. R. Stuart,	"
C. K. Davison,	*Andover.*	D. M. Sayre,	"

Joseph Hedges,	*Branchville.*	Franklin Smith,	*Newton.*
Jonathan Havens,	*Newton.*	Eugene Schumo,	*Layton's P. O.*
P. N. Jacobus,	*Montague.*	E. J. Westfall,	*Beemerville.*
W. H. Linn,	*Hamburg.*	Jacob Whitaker,	*Deckertown.*
C. V. Moore,	*Stillwater.*	H. N. Crane,	*Branchville.*
John Moore,	*Deckertown.*	D. L. Duncan,	*Newton.*
John Miller,	*Andover.*		

HONORARY MEMBER.

John Titsworth, *Deckertown.*

No. Members, 27. JONATHAN HAVENS, Secretary.

UNION COUNTY.

(Society organized June 7, 1869.)

J. S. Crane, *Pres't,*	*Elizabeth.*	J. Ackerman Coles,	*Scotch Plains.*
L. W. Oakley,	"	Sherman Cooper,	*Westfield.*
Jas. S. Green,	"	Samuel Abernethy,	*Rahway.*
J. Otis Pinneo,	"	D. W. C. Hough,	"
Ph. H. Grier,	"	H. H. James,	"
S. E. Arms,	"	E. B. Silvers,	"
Joseph H. Grier,	"	W. U. Selover,	"
Alonzo Pettit,	"	H. C. Pierson,	*Roselle.*
Thos. Terrill, Jr.,	"	J. K. McConnell,	*Cranford.*
Robt. Westcott,	"	F. A. Kinch,	*Westfield.*
Wm. M. Whitehead,	"	Wm. Gale,	"
Joseph S. Martin,	*Elizabethport.*	C. H. Stillman,	*Plainfield.*
John S. Brosnan,	"	J. B. Probasco,	"
Louis Braun,	"	T. H. Tomlinson,	"
Thos. L. Hough,	"	Wm. K. Gray,	*Summit.*
T. N. McLean,	*Elizabeth.*	A. M. Cory,	*New Providence.*
H. P. Geib,	"		

No. Members, 33. H. P. GEIB, Secretary.

WARREN COUNTY.

(Society organized Feb. 15, 1826.)

P. F. Brakeley,	*Belvidere.*	George S. Dearborn,	*Oxford.*
S. S. Clark,	"	E. T. Blackwell,	*Hackettstown.*
John C. Johnson,	*Blairstown.*	Wm. M. Hartpence,	*Oxford.*

P. F. Hulshizer,	*Stewartsville.*	J. Marshal Paul, Jr.,	*Belvidere.*
S. C. Osmun, Jr.,	*Delaware.*	D. D. Dildine,	*Hope.*
Theodore Crane,	*Hackettstown.*	John A. Raub,	*Belvidere.*
Samuel S. Kennedy,	*Stewartsville.*		

HONORARY MEMBERS.

James C. Fitch,	*Hope.*	Roderick Byington,	*Belvidere.*

No. Members, 18. P. F. BRAKELEY, Secretary.

SUMMARY.

Bergen	15	Middlesex	20
Burlington	22	Monmouth	20
Camden	24	Passaic	25
Cumberland	17	Somerset	11
Essex	49	Sussex	27
Gloucester	14	Union	33
Hunterdon	15	Warren	13
Hudson	49		
Mercer	27	Total	381

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

THE ONE HUNDRED AND SIXTH ANNUAL MEETING.

THE Medical Society of New Jersey assembled at Paterson on Tuesday, May 28, 1872, in the Court-house, at seven and a half o'clock, P. M. The President, Dr. Charles Hasbrouck, in the chair. All the other officers of the Society were present.

The Committee on Organization reported the following as duly accredited delegates (Dr. C. S. Van Riper acting on the Committee by appointment of the President):

Bergen—John J. Haring, Robert Stewart, John L. DeMund, Wm. H. Hall. Members, 15.

Burlington—E. P. Townsend, H. H. Longstreet,* George Goodell, Richard E. Brown, Lewis Sharp. Members, 22.

Camden—James M. Ridge, John V. Schenck, H. Genet Taylor, Isaac B. Mulford, Alex. Marcey. Members, 24.

Cumberland—H. W. Elmer, Eph. Bateman, S. G. Cattell,* J. B. Potter.* Members, 17.

Essex—A. D. Woodhull, I. A. Nichols, E. P. Nichols, J. A. Cross, C. M. Zeh, J. J. H. Love, E. T. Whittingham,* P. V. P. Hewlett. Members, 49.

Gloucester—Wm. H. Turner, L. F. Halsey,* J. D. Heritage,* J. F. Fisler.* Members, 13.

Hudson—B. A. Watson, Henry Mitchell, J. D. McGill, F. G. Payn, J. H. Comfort, T. F. Morris, H. H. Abernethy. Members, 49.

Hunterdon—T. H. Studdiford, Isaac S. Cramer, O. H. Sproul,* A. S. Pittenger. Members, 15.

Mercer—Jos. L. Bodine, O. H. Bartine,* Charles Hodge, C. F. Deshler, W. H. Coleman. Members, 27.

Middlesex—D. C. English, Rush Van Dyke,* C. H. Vorhees, J. W. Meeker, Charles Dunham.* Members, 19.

Monmouth—S. M. Disbrow,* A. A. Higgins,* S. H. Hunt,* J E. Arrowsmith. Members, 20.

Passaic—A. W. Rogers, R. J. Whitely, C. S. Van Riper, Wm. Blundell, John Quinn. Members, 25.

Somerset—H. G. Wagoner,* D. C. Van Dearsen,* John C. Sutphen,* A. P. Hunt. Members, 11.

Sussex—John Miller, T. H. Andruss, J. Linn Allen, Eugene Schumo,* E. J. Westfall. Members, 27.

Union—Lewis W. Oakley, P. H. Grier,* Sherman Cooper,* J. A. Coles, Charles Stillman. Members, 33.

Warren.—L. C. Osmun, George S. Dearborn,* P. F. Brakeley, S. S. Clark.* Members, 13.

The Reporters and Fellows present were:

Reporters—S. C. Thornton, E. J. Marsh, F. Wilmarth, George W. Larison.

Fellows—B. H. Stratton, Samuel H. Pennington, Samuel Lilly, Thomas Ryerson, Wm. Elmer, John Blane, John Woolverton, T. R. Varick, E. M. Hunt, Abram Coles, T. J. Corson, William Pierson, Sr., T. F. Cullen.

Drs. Wickes and English, honorary members, were also present.

Drs. Gurdon Buck, Robert Newman and J. Blanch Smith, delegates from the Medical Society of New York, and Prof. Charles A. Lindsley, from the Medical Society of Connecticut, were present, and were, on motion, invited to seats as corresponding members of the Society.

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* Absent.

The Minutes of the last annual meeting were read and approved.

Prayer was offered by the Rev. Mr. Dunn, of the Methodist Church, Paterson.

On motion of Dr. Lilly, an invitation was extended to all regular physicians who may be in town, to be present during the session of the Society.

The following persons availed themselves of the invitation: R. Kent, G. H. Balleray, H. C. Van Gieson, M. Moss, G. W. Terriberry, O. Warner, O. Barnes, O. V. Garnett, S. R. Merrill, J. R. Leal, P. Cahill, C. Van Riper, J. C. Herrick, R. A. Terhune, G. Terhune, A. R. Randall.

The President read the annual address, the subject of which was, "The Popularizing of Medical Knowledge as a Means of Correcting the popular tendency to quackery in Medicine."

On motion of Dr. Blane, it was voted, that the thanks of this Society be tendered to the President, for his able, eloquent and interesting address—with a request that he furnish the Standing Committee with a copy for publication.

The President announced the following committees:

Committee on Treasurer's Account—Drs. Watson, Schenck and Wickes.

Committee on Unfinished Business—Drs. Ryerson, Terriberry and Woolverton.

Committee on Nominating Officers—B. A. Watson, R. Stewart, E. P. Townsend, A. Marcy, E. Bateman, J. A. Cross, W. H. Turner, T. H. Studdiford, J. L. Bodine, C. H. Voorhees, J. Arrowsmith, C. S. Van Riper, A. P. Hunt, T. H. Andruss, L. W. Oakley, L. C. Asmun.

The Committee of Arrangements, by their Chairman, Dr. Rogers, reported that they had been requested by the members of the Medical Society of the County of Passaic, to extend an invitation to this Society, to meet the Society at a social re-union at the Franklin House this evening.

The invitation was accepted.

The Society, on motion, adjourned, to meet to-morrow morning at nine o'clock.

MORNING SESSION.

NINE O'CLOCK, A. M. The Society convened, President Hasbrouck in the Chair.

The report of the Standing Committee being the order of business, Dr. Wickes, the Chairman of the Committee, reported, that there were six hundred copies of the Transactions issued last year; that they have been distributed in accordance with the by-laws; that the delay in the publishing of the same—which was three months later than usual—was attributable to the delay of authors of papers in returning their proofs. They also reported that the Gloucester Medical Society had failed to send a delegation to this Society for three successive years, which is a violation of the by-laws, but as they have a delegation present this year, they recommend that it be received, and that the following preamble and resolution be adopted:

Whereas, The District Medical Society of Gloucester County has for three successive years been unrepresented in the meetings of the State Society; and

Whereas, The total arrearages cannot be collected, owing to the removal, superannuation and non-attendance of members;

Resolved, That on the payment of thirty dollars the said District Society be restored to its connection with the State Society.

The report was received, and the recommendations adopted.

The regular annual report was then read, which, on motion, was referred to Committee on Publication.

On motion, the resident clergy were invited to be present during the session of the Society.

The Committee on Unfinished business reported:

The Committee on Unfinished Business beg leave to report the following

items: Inquiry into the position of this Society in regard to compliance with the request of the American Medical Association, relative to an annual register of regular practitioners. Also, relative to the proposed appointment of Boards of Examiners for the several States.

Reports are due from the following Committees: Committee to revise the fee-bill; Committee to consider the appeal of Dr. Bird; Committee to memorialize the Legislature upon the subject of the great prevalence of criminal abortion. Also, amendments to by-laws.

THOMAS RYERSON,
JOHN WOOLVERTON, } *Committee.*

The report was received, and the business reported as unfinished, was referred to the regular order of business.

The Committee on appeal of Dr. J. Q. Bird, by Dr. Oakley, Chairman, reported as follows:

The Committee, to whom was referred the "Appeal of Dr. Jno. Q. Bird to the State Medical Society, from the decision of the District Medical Society of the county of Hudson," would respectfully beg leave to make the following report:

It will be well to state that Dr. Bird is now a member of the Hudson County Medical Society, in good standing, entitled to all its privileges, and to those of the State Society.

The evidence, upon the admission of Dr. Bird to the Society, seems to prove, conclusively, that he obtained his admission thereto upon the given assurance that he would not consult with a rejected applicant, and admits that without this promise he would not have been elected to membership.

Charges were preferred against Dr. Bird for serving upon the staff of the Hudson County Hospital, which was under the control of medical officers not members of the Hudson County Medical Society, and consulting with an irregular practitioner. These charges were preferred by a committee of the Society appointed for that purpose, and read October 4, 1870. These charges were sustained by a majority vote, but not by a vote even requisite to censure, three-fourths being required. We are, therefore, of the opinion that Dr. Bird was not proved guilty. Your Committee find that these charges were not preferred in a legal way, in that they were not signed by the individual members of the Committee appointed to prepare them. To sustain this point, we would quote Article VI. of their Constitution: "Any

member of this Society who shall be accused of immoral or unprofessional behavior, specified in a written communication, signed with the name of the accuser in his own hand-writing, shall forthwith be summoned to appear before the next regular meeting to answer the charges so preferred. If, after ample opportunity for defence, he be found guilty, he may be censured, suspended or expelled, by a concurrent vote of three-fourths of all the members present." Dr. Bird requests the State Society to dismiss these charges on the ground of their unconstitutionality.

On this point your Committee would make no recommendation. Owing to the uncertainty which now exists as to the rights belonging to regular practitioners of medicine, not members of the District Societies, and as to our duties to them, we would submit the following propositions:

1st. Is the rejection of a candidate by a District Medical Society, satisfactory evidence that the rejected candidate is an irregular or dishonorable practitioner?

2d. Has a District Medical Society the right to censure its members for consulting with a rejected candidate?

3d. When the members of the District Medical Society in the district in which a practitioner resides are not agreed as to the regular or irregular standing of such practitioner, will the decision of the majority, against the views of a respectable minority, settle the question that said practitioner is irregular?

4. Will such decision make it unlawful or unprofessional to associate with such practitioner?

L. W. OAKLEY,
JOHN WOOLVERVON,
J. A. CROSS,
} *Committee.*

The report was received and referred to eleventh order of business.

The Committee on Criminal Abortion, reported by Dr. Warman, Chairman:

Your Committee on Criminal Abortion, beg leave to respectfully report, that they had a conference during the session of the late legislature, and drafted the following bill, which passed the legislature without amendment, and is now the law of the State:

CCCXXXVII.

A FURTHER SUPPLEMENT TO AN ACT ENTITLED "AN ACT FOR THE PUNISHMENT OF CRIMES."

1. *Be it enacted by the Senate and General Assembly of the State of New Jersey*, That if any person or persons maliciously, or without lawful justification, with intent to cause and procure the miscarriage of a woman then pregnant with child, shall administer to her, prescribe for her, or advise or direct her to take or swallow any poison, drug, medicine, or noxious thing, and if any person or persons maliciously, and without lawful justification, shall use any instrument or means whatever with the like intent, shall, on conviction thereof, be adjudged guilty of a high misdemeanor; and if the woman or child die in consequence thereof, shall be punished by fine not exceeding one thousand dollars, and imprisonment at hard labor for a term not less than ten years; and in case the woman or child do not die in consequence thereof, such offender, on conviction thereof, shall be adjudged guilty of a misdemeanor, and be punished by fine not exceeding five hundred dollars and imprisonment at hard labor for a term not less than two years.

2. *And be it enacted*, That any person offending against either of the provisions of this act shall be competent witness against any other person so offending, and may be compelled to appear and give evidence before any magistrate, grand jury, or in any court, in the same manner as other persons; but the testimony so given shall not be used in prosecution or proceeding, civil and criminal, against the person so testifying.

3. *And be it enacted*, That section one hundred and three of the supplement of the act to which this is a further supplement, be and the same is hereby repealed.

4. *And be it enacted*, That this act shall take effect immediately.

Approved March 26, 1872.

D. WARMAN,
C. HODGE,
B. A. WATSON, } *Committee.*

The report was accepted, and the Committee discharged.

Dr. Hodge, Chairman of the Committee to revise the Fee-bill, made a written report, which was received.

The Treasurer reported as follows:

NEW BRUNSWICK, MAY 20th, 1872.

Gentlemen of the New Jersey State Medical Society:

The Treasurer, in presenting his annual report, would call attention to two facts. 1st. That during the past year we have reduced the annual assessment on members of District Societies, the practical working of which will appear in this report; 2d. That a failure in the case of certain Societies to send delegates to our annual meeting, is generally attended with a failure

to respond to the demands of the treasury. The 2d point is presented for such action as your wisdom may dictate.

The Treasurer has the pleasure to report that at the last meeting, held at Flemington, a cash balance of the previous year remained in his hands, amounting to $190 33

Also, that he received at Flemington, dues from District Societies, as follows:

Hudson County	.....	$114 00	
Middlesex "	.....	40 00	
Passaic "	.....	42 00	
Bergen "	.....	22 00	
Hunterdon "	.....	30 00	
Camden "	.....	42 00	
Mercer "	.....	50 00	
Union "	.....	58 00	
Burlington "	.....	40 00	
Cumberland "	.....	32 00	
Essex "	.....	90 00	
Monmouth "	.....	38 00	
Somerset "	.....	20 00	
			$618 00
Total			$808 33

Disbursements have been as follows:

Bill of Chairman Standing Committee	$11 93
J. M. Reuck	3 00
W. Pierson, Jr	4 10
W. Elmer	4 78
Printing Transactions	599 57
G. F. Cartet, for invited guests	3 00
Newark Daily Advertiser	2 00
Balance on hand	179 95
Total	$808 33

Assets (Newark Savings Institution)	$1000 00
Cash on hand	179 95
	$1179 95

From the above report it will be seen that the assessment of one dollar per member upon District Societies, has failed to meet the current expenses and cost of printing Transactions by ten dollars and thirty-eight cents. The investment in the funds of the Newark Savings Institution has necessarily been delayed, as the full expense of printing Transactions was not ascertained until the 19th of April, 1872. The Treasurer, in estimating for the coming year, suggests that unless some plan be adopted to secure the annual dues from all the District Medical Societies, it will be necessary to make the annual assessment one dollar and fifty cents per year, instead of one dollar per member, as was ordered last year.

All which is respectfully submitted.

HENRY R. BALDWIN, *Treasurer.*

The report was received and referred to Committee on Treasurer's accounts, which Committee subsequently reported as follows:

The Committee appointed to examine the Treasurer's account, report that they have examined the same and find it correct. The Committee recommend the assessment upon the District Societies for the coming year at $1.50.

B. A. WATSON,
STEPHEN WICKES,
JNO. F. SCHENCK, } *Committee.*

The report was accepted, and the recommendation adopted.

The Corresponding Secretary reported as follows:

The Corresponding Secretary of the New Jersey State Medical Society would respectfully offer the following report:

Copies of the Transactions for 1871 were received from the Chairman of the Standing Committee, and forwarded to the Honorary Members and to several of the prominent Medical journals of the country; a few remaining still in his hands for distribution.

Since the last annual meeting a list of the regular practicing physicians of Union County has been received from the Secretary, Dr. Terrill, Jr. Three counties—Hudson, Mercer and Union—have sent in their returns, in compliance with the request made last year, for the preparation of an "Annual Register." No others have thus far been heard from.

A communication has been received from Dr. John Curwen, Secretary of

the Association of Medical Superintendents of American Institutions for the Insane, embodying a series of resolutions passed by that body at their late meeting, and adopted by the Medical Society of Pennsylvania in June, 1871.

These resolutions are herewith submitted, and recommended to the favorable consideration of this Society:

Resolved, That in view of the frequency of mental disorders among all classes and descriptions of people, and in recognition of the fact that the first care of nearly all these cases necessarily devolves upon physicians engaged in general practice, and this at a period when sound views of the disease and judicious modes of treatment are specially important,—it is the unanimous opinion of this Association that in every school conferring medical degrees, there should be delivered, by competent professors, a complete course of lectures on insanity and on medical jurisprudence, as connected with disorders of the mind.

Resolved, That these courses of lectures should be delivered before all the students attending these schools; and that no one should be allowed to graduate without as thorough an examination on these subjects as on the other branches taught in the schools.

Resolved, That in connection with these lectures, whenever practicable, there should be clinical instruction, so arranged that, while giving the student practical illustrations of the different forms of insanity and the effects of treatment, should in no way be detrimental to the patients.

Resolved, That a copy of these resolutions be sent by the Secretary to the American Medical Association, the Dominion Association and Ontario Association of Canada, to each State Medical Society, and each Medical College in the United States and British Provinces.

Extract from the minutes.

JOHN CURWEN,

Secretary of Association of Medical Superintendents of American Institutions for the Insane.

Received Nov. 23d, 1871.

W. ELMER, JR.

Corresponding Secretary.

The report was accepted.

Dr. Lilly, in behalf of the delegation to the American Medical Association, read the following report:

To the Medical Society of New Jersey:

The undersigned, your delegates to the American Medical Association, respectfully report—

That we attended the last meeting of that body, the sessions of which

were held in the city of Philadelphia, on the 7th, 8th, 9th and 10th of the present month.

The meeting was the most numerous ever held by the Association, over seven hundred and twenty delegates and permanent members were present, and registered their names.

So far as numbers, and social and professional standing and worth were concerned, the meeting was a grand success; so far as the progress and advancement of the cause of science and the elevation of the profession are concerned, various opinions are entertained, which we do not propose to discuss here. We believe that more care should be exercised by the Association as to conditions of membership, and that delegates from local medical bodies should at least be endorsed by the State Societies of the respective States.

The Association was welcomed to the city of Philadelphia by Prof. R. E. Rogers, of the University of Pennsylvania, in an earnest and eloquent address, followed by Dr. E. Hartshorne, Chairman of the Committee of Arrangements, setting forth the programme adopted for the accommodation of the Association during its business hours, and the entertainment and amusement of the delegates and members during their hours of leisure.

To say that these arrangements were ample, well considered, and admirably carried out, would convey but a feeble description of their reality.

The address of the President, Dr. D. W. Yandell, of Kentucky, was a most able and finished production. In the language of the editor of the *New York Medical Record*, published in that periodical of the 15th inst., it was "an address whose every sentence proclaims the elegant scholar;" to which may be justly added—the eloquent orator, and the accomplished physician and surgeon.

As any analysis or abstract would fail to do justice to this splendid effort, and it having been placed within the reach of all through the columns of the medical and newspaper press of the day, we refer to them for further particulars.

The most exciting question, perhaps, which engaged the attention of the Association, was that of the admission of delegates from several organizations located in the District of Columbia.

Delegates from these bodies had been refused admission to the Association in 1870 and 1871, but *nil desperandum*, they applied again. It was evident to most of those present, that these applicants were playing the role of "injured innocence," and endeavoring to excite sympathy by alleging that

their rejection was owing to their admitting into their organizations, and sending as representatives, colored physicians, but the Committee on Ethics, selected from all parts of the United States, to whom the matter was referred, reported unanimously that the question of color was not involved, and did not enter into the discussion, but that these would-be delegates, and the bodies they desired to represent, were in open violation of the laws of the land, and of the Code of Ethics established by the American Medical Association. This report, which recommended their exclusion, was adopted by an overwhelming vote.

At the meeting of the Association in New Orleans, in 1869, the following was adopted:

"WHEREAS, the contract system is contrary to Medical Ethics,

"*Resolved*, That all contract physicians, as well as those guilty of bidding for practice, at less rates than those established by a majority of regular graduates of the same locality, are irregular practitioners."

In view of this resolution, Dr. Findley, of Pennsylvania, presented a resolution which recited that this action was misunderstood, and asked that the Committee on Ethics be instructed to define the true signification of the term "contract physicians." Dr. F.'s resolution was referred to that committee, who reported the following resolution:

"*Resolved*, That members of the profession hired by the month or year for definite wages, by families, railroads, manufacturing incorporations, or any money-making institution whatever, for ordinary surgical or medical practice, always excepting eleemosynary and charitable institutions and hospitals, are to be classed as irregular practitioners, and therefore disqualified for membership in this Association, or in State or County Societies."

After an animated debate, the question was referred back to the State Societies. Subsequently a motion that everything relating to this subject be rescinded, or stricken from the ordinances of the Association, was promptly tabled by an almost unanimous vote, thus retaining in force the resolution of 1869. We have been thus minute, as this subject is of much importance to many of the members of this Society and of the County District Societies.

A correspondence between two or three of the physicians residing at Hightstown, Mercer County, found its way into the public papers, a short time since, which reflected great honor on the physicians concerned. This correspondence showed that the public authorities in some localities are in the practice of advertising for and receiving competitive bids for medical attendance upon paupers and others; but the gentlemen alluded to indig-

nantly spurned the offer, and some homœpath, or other irregular, was employed. We trust the subject will challenge the attention it deserves at the hands of this Society.

A resolution was adopted, which originated in the College of Physicians, of Philadelphia, recommending all druggists to place all external remedies in rough, colored bottles, labelled "Poison," in order to prevent accidents by appealing to the sight and touch, in addition to the usual precautions. Would it not be well for this Society to endorse and reiterate the resolution? (See 13½ and 13¾.)

A number of interesting subjects were brought to the attention of the Association, which do not call for a notice. The employment of medical experts in criminal cases before Courts, was brought before the Association in a series of resolutions offered by Dr. Henry Hartshorne, of Philadelphia. After a discussion in the section on Chemistry and Materia Medica, they were reported to and adopted by the Association. First reciting that the appointment of such experts by the Court to act as their advisers, and thus prevent the antagonism which experience shows is caused by the summoning of them by the opposing parties, whereby the cause of justice is wronged, the resolution advises "the State Societies to bring the matter to the notice of the State Legislatures." This having been the subject of the address of our late President, Dr. Cullen, and forcibly brought to the notice of the profession and the public by a recent exciting trial for murder at Annapolis, Md., would seem to call for your earnest attention in a report like the present, but will be printed in detail in the transactions of the Association, shortly to be published.

The meetings of the sections, before whom the various scientific and other interesting papers were read and discussed, were well attended, and the results reported to the Association for publication. These reports will be published with the transactions, and thus placed within the reach of all who desire to see them. A further analysis is therefore deemed unnecessary.

As stated at the beginning of this report, the arrangements for the entertainment and amusement of the delegates and members, were carried out in the most liberal manner. The exhibition of instruments, apparatus, chemicals, drugs, &c., at the hall of the College of Physicians, was a grand one. The reception by the Microscopical and Biological sections of the Academy of Natural Sciences of Philadelphia, where, in addition to a promenade concert in the main hall, where the Association met, a magnificent display of microscopes and spectroscopes was exhibited in the upper hall, and

attracted universal attention by the beauty of the instruments and the specimens of life forms, as well as the delicate analysis of the latter. The skill and attentions of the committee under whose management the entertainment was gotten up, elicited the encomiums of all present. The several lectures and demonstrations by Profs. Rogers, Noyes and Cohen, were highly entertaining and instructive, and warmly appreciated by the large audience of both sexes assembled to witness them. The receptions and entertainments given by Drs. Hodge and Pancoast, and Col. Thos. A. Scott, were magnificent. None of those who partook of the hospitality of those distinguished Philadelphians, will soon forget the pleasure enjoyed.

The whole ended with a grand excursion to Fairmount Park, coupled with a banquet at Belmont Cottage, to which it is needless to say the numerous guests did ample justice. Taken altogether, the meeting of the American Medical Association in 1872 was a grand success; and if not all was done that could be wished, certainly enough was accomplished for us to say in all sincerity, "May many such occur in the future, and we be there to see."

Respectfully submitted,

SAMUEL LILLY,
GEO. R. SULLIVAN,
G. W. TERRIBERRY,
B. A. WATSON, M. D.

May 28, 1872.

Dr. Pennington, delegate to the Connecticut Medical Society, made a verbal report. He had attended the meeting, and had received a cordial welcome. He was pleased with one feature of their transactions, viz., that all the routine business of the society is disposed of on the first day of the session, and the second day is entirely devoted to matters of exclusively professional interest.

Dr. Hunt, delegate to the Medical Society of New York, reports.

Mr. President and Gentlemen of the New Jersey State Medical Society:

As one of your representatives in the delegation appointed to attend the meeting of the New York State Medical Society in 1872, I beg leave to report, that I was present on the second day and evening of their meeting (February 7) the sixty-sixth anniversary of that Society.

As your delegate I was most kindly received and cordially welcomed. All parts of the great State of New York were represented, and also Pennsylvania and Massachusetts, each by a delegation.

Several papers, interesting and instructive, were read and discussed. The proposed law, entitled "An act to protect the people against quackery and crime," prepared by the Medico-legal Society of New York City—then in the hands of the Legislature—was brought before the Society for approval, or otherwise. It was explained by Dr. Rogers of New York, and after some discussion as to the propriety of encouraging legislative action in behalf of the medical profession, a resolution was adopted *disapproving* of such legislation, and the proposed law;—the same conclusion to which this Society arrived, some years ago.

The report of the committee on Medical Education, and resolutions submitted and adopted relating to that subject, seem to me a step in the right direction, and I would suggest that we follow the example of our sister Society in that particular.

On the subject of Discipline, the following preamble and resolution was adopted:

"*Whereas*, The Code of Ethics to which this Society and the various county societies acknowledge allegiance, provides appropriate and sufficient means for obtaining redress in all matters of difference between physicians;

"*Resolved*, That any physician preferring charges, or against whom charges may have been preferred, who shall resort to courts of law or any legal process, shall be considered unworthy of membership in medical societies, and if a member, he shall be declared expelled by the President at a stated meeting of the Society to which the offender may belong."

Knowing as I do a District Medical Society (Hudson) that has been subjected to annoyance by members who have appealed to the courts, when charges have been preferred against them, I deem it important that similar action should be taken by this Society.

In the evening the address by the President, Dr. Wm. C. Wey, of Elmira, delivered in the Assembly Chamber, on "Medical Responsibility and Malpractice," was listened to with profound attention, and appreciated, as it deserved to be, by a crowded audience.

After the address, a splendid entertainment at the Delavan House was enjoyed by the Society, delegates and invited guests.

The entertainment was informal, and given by Drs. Hun, Quackenbush, Swinburne, Bailey, and a few other gentlemen of Albany, whom I, in com-

mon with many others, have to thank for an evening of social professional enjoyment rarely equalled.

Respectfully submitted. J. W. HUNT.

The delegates to the Medical Society of Pennsylvania had been unable to attend the meeting.

They were, on motion, excused.

The Corresponding Secretary formally presented Drs. G. Buck, R. Newman, and J. B. Smith, delegates from the Medical Society of New York. Each duly responded.

The Secretary also announced that Prof. Lindsley, of the Medical Society of Connecticut, had been obliged to return home.

The President arose and said:

It is with great pleasure, gentlemen, that I would welcome you here to-day as representatives of our sister Society of New York.

New Jersey is a small State, sandwiched between two great ones, and has been so long compressed and hid away between her overgrown sisters, that it has been denied that she had a separate place as a State in the Union. Being wedged in between the two greatest cities of the Union—New York and Philadelphia—she has been likened to a cider-barrel, tapped at both ends. But, fortunately, her powers of nutrition have always proved equal to the emergencies of her position. She has already gained by absorption more than she has lost by leakage. Indeed, within the last decade she has added to her population sufficient to increase her congressional delegation from five to seven members. And in view of these evidences of her growth and prosperity, we indulge the hope that her place as sister in the Union will ultimately be recognized. But whether our hopes in this respect be realized or not, of one thing we are sure, your presence here to-day indicates with entire certainty that in this great union and brotherhood of the profession, the physicians of New Jersey have a place, and are recognized as having a place by their brethren of other States. Permit me again to welcome you to our State, and also to participate in our transactions.

Dr. G. Buck, by invitation of the Society, made an address upon Reparative Surgery, which was well received, and, on

motion of Dr. Ryerson, the thanks of the Society were voted to him for the same.

Drs. C. C. Vanderpool, Joseph Parrish, Ferris Jacobs, and C. A. Lindsley, having been previously proposed, were duly elected honorary members of this Society.

The honorary degree of M. D. was conferred upon Dr. Wm. Pierson, Sr., by the unanimous vote of the Society. At the suggestion of Dr. Lilly, the vote was taken by the members standing, as a mark of respect to Dr. Pierson.

Dr. Larison, third Vice-President, read his essay, the subject of which was "Diseases Prevalent in the Valley of the Delaware."

On motion of Dr. Hunt, the thanks of the Society were voted to Dr. Larison for his essay, and a copy requested for publication with the Transactions.

Dr. W. W. L. Phillips read a report of an interesting case of malignant tumor within the pelvis, in lieu of an essay.

The miscellaneous order of business having been reached, the report of the Committee on Appeal of Dr. Bird was taken from the table, and after much discussion, which was participated in by Drs. E. M. Hunt, Oakley, Watson, Cross, Culver and Varick, the following resolutions in reference to the same were adopted:

Resolved, That the State Society decides that, by reason of irregularity of presentation, no charges are or have been legally before the Hudson County Medical Society against Dr. J. Q. Bird.

Resolved, That the rejection of a physician by a District Medical Society is evidence of disqualification from consultation with regular practitioners; *i. e.*, that the decision of a District Society is final, provided that the Society, in its action towards the physician, has conformed to its constitution.

Resolved, That where the members of the Medical Society are not agreed as to the regularity of any practitioner who is not a member of the District Society, and have made no formal expression as to him on their minutes, it

shall not be considered ground of action against a member for consultation with him, if he has a diploma from a college recognized by the State Medical Society of New Jersey.

Dr. E. M. Hunt offered the following, which was adopted:

Resolved, That the Standing Committee shall be a Committee on Medical Ethics and Judicial Business, to whom the State Society may refer all appeals from County Medical Societies requiring adjudication, and their report, after examination in any case, shall be considered final, unless at its regular meeting, two-thirds of the Society resolve to take up the case for general discussion, and for the action of the Society as a whole.

Dr. Lilly introduced the following, which was adopted:

Resolved, That any member of a District Medical Society, against whom any charge is made in such Society, who shall arrest the action of said Society by an appeal to the courts, shall be considered in contempt of the laws governing the profession, and, *ipso facto*, is to be deemed expelled from such Society.

On motion of Dr. E. M. Hunt, the following was adopted:

Resolved, That a Committee of Three be appointed to inquire into the form and method of membership in the American Medical Association, and to confer with similar committees of any other State Medical Society, and report at the next regular meeting of this Society.

The President appointed Drs. E. M. Hunt, S. Lilly and C. Hodge on the Committee.

On motion of the Secretary, the following persons were appointed a Committee to revise the By-laws: Wm. Pierson, Jr., S. Wickes and S. H. Pennington.

Dr. Hodge's report on the proposed fee-bill was, after some discussion, referred to the Committee on revision of the By-laws.

The amendment of By-laws, proposed at the last annual meeting, was referred to the above Committee.

Dr. E. P. Townsend offered the following proposed amendment to the By-laws:

SEC. 3, Chapter 1. Any physician who has been a member of any District Medical Society of this State for a period of not less than five years, and during said period acted as a delegate to this Society, may, upon a recommendation in writing, signed by the President and Secretary of the Society to which he belongs, be elected a permanent member of this Association, and entitled to all the privileges therefrom accruing, by the consent of a majority of the members present at any annual meeting.

Also proposed to change the numbering of the succeeding articles of the By-laws.

Dr. McGill offered the following:

Whereas, In order to increase the usefulness and secure a greater interest among the professional men of the State, in the Medical Society of New Jersey, be it

Resolved, That the representation in the State Medical Society hereafter be as follows: Three delegates at large for each District Society, whose membership numbers over thirty; two delegates at large for each of said District Societies whose membership numbers over twenty; and one delegate at large for each of the said District Societies whose membership numbers over ten. Also two delegates from each of the said Societies. Any delegate who shall attend two consecutive meetings, shall be eligible to election as permanent members.

This communication and Dr. Townsend's were referred to the Special Committee to revise the By-laws.

The following was received:

To the President, Officers and Members of the Medical Society of New Jersey, at the annual meeting as now assembled in the city of Paterson, this 28th of May, 1872:

We, the undersigned, being a Committee for that purpose, appointed by the District Medical Society of the county of Hunterdon, herewith present your honorable body with the "History of the District Medical Society for the County of Hunterdon, from its organization in 1821 to 1871, together

with the Medical History of the county (as its boundaries now exist) from its first settlement to the present time," for such action as your honorable body shall see fit to adopt in the case. The Committee reserving the right to have returned to their historian all papers herewith laid before you, either when the same shall be published or otherwise disposed of their use by your honorable body.

JOHN BLANE,
SAMUEL LILLY,
H. B. NIGHTINGALE, } *Committee.*

The history was, on motion, accepted, and referred to Standing Committee for publication with the Transactions of this Society.

Dr. Quinn, in behalf of the medical staff of St. Joseph's Hospital, invited the Society to visit the institution.

The invitation was accepted.

The Nominating Committee reported as follows:

Mr. President and Members of the New Jersey Medical Society:

GENTLEMEN—Your Committee on Nominations would respectfully report that they have unanimously agreed upon the following:

Place of next meeting, Mount Holly.

President—F. Gauntt.
First Vice-President—T. J. Thomason.
Second " —George H. Larison.
Third " —William O'Gorman.
Corresponding Secretary—William Elmer, Jr.
Recording Secretary—William Pierson, Jr.
Treasurer—H. R. Baldwin.
Standing Committee—Stephen Wickes, J. E. Culver, S. C. Thornton.

Delegates to American Medical Association—Samuel Lilly, L. W. Oakley, J. F. Schenck of Camden, J. A. Cross, Thomas Ryerson, Jos. F. Finn, A. W. Woodhull, I. A. Nichols, George Goodell, R. S. Smith, A. P. Hunt, Chas. Hasbrouck, Wm. Elmer, F. G. Paine, O. Barnes, B. A. Watson, Thos. F. Cullen, P. F. Brakeley.

Delegates to Medical Society of Connecticut—B. A. Watson, J. E. Culver, C. S. Van Riper.

Delegates to Medical Society of New York—E. M. Hunt, J. A. Cross, J. J. H. Love.

Delegates to Medical Society of Massachusetts—A. W. Woodhull, Stephen Wickes, J. S. Crane.

Delegates to Medical Society of Pennsylvania—L. C. Osmond, E. P. Townsend, Thomas F. Cullen.

Delegates to Medical Society of Maine—W. H. Hall, S. H. Pennington, Dr. Comfort.

T. H. STUDDIFORD, *Secretary.*

The report was accepted, and the place for the next annual meeting of this Society, as recommended by the Committee, was agreed to by the Society.

The delegates for the respective Societies, as named by the Committee, were duly appointed by the Society.

An opportunity having been given for the members to make other nominations, a ballot was taken, when the gentlemen named by the Committee for the respective offices were declared duly elected; Drs. Elmer and Hodge acting as tellers.

The President announced Dr. T. H. Studdiford as Essayist for the next anuual meeting.

It was voted, that the hour for the next meeting be 7.30 o'clock, P. M.

It was voted, that 550 or 600 copies of the Transactions be published, as may be deemed expedient by the Committee.

It was voted, that the Secretary be instructed to procure a programme for the next annual meeting of the Society.

The following bills were presented and ordered to be paid:

Newark Daily, ...	$1 90
Wm. Pierson, Jr., ...	4 00
Wm. Elmer, ...	4 50
Committee of Arrangements, . .	5 00

Drs. Stratton, Budd, Thornton and Hodge were appointed a Committee of Arrangements for the next meeting.

On motion of Dr. Woodhull, it was

Resolved, That the thanks of the Medical Society of New Jersey be tendered to the Committee of Arrangements, and to the Medical Society of Passaic County for their generous entertainment, and for the ample provision made for the transaction of the business of the Society; also to the Board of Freeholders for the use of the court-room.

Dr. Rogers, in behalf of the members of the Passaic County Medical Society, expressed their appreciation of the honor and pleasure conferred upon them by the assembling of this Society in their county.

On motion, the Society adjourned.

WM. PIERSON, JR.,
Recording Secretary.

ADDRESS BY THE PRESIDENT.

Charles Kasbrook, M.D.

GENTLEMEN: It is my great privilege to meet with you this evening to exchange gratulations and fraternal greetings upon this auspicious return of our anniversary season.

To those of us who are accustomed to participate in these annual reunions, this is a season hallowed by its associations and sacred memories, and pregnant with most hopeful anticipations,—a holyday set apart to commemorate the catholic and enlightened action of our fathers in medicine, in establishing this *Medical Society of New Jersey;*—a professional sabbath-day, upon which we are permitted to retire, for a time, from the ordinary labors of professional life; to rest our tired energies in the enjoyments of social intercourse; to take counsel together for the advancement of our loved science, and for the promotion of the interests and the honor of the whole profession to which we have pledged our affections and dedicated our lives.

To a participation in these high privileges, gentlemen, I am happy in being permitted to bid you welcome.

On entering upon the duties which you have assigned to me, as your presiding officer on this occasion, while I am profoundly grateful for this renewed expression of your confidence and regard, I confess that I am at the same time almost painfully conscious of my very limited acquaintance with parliamentary proceedings, and my entire inexperience

in parliamentary practice. But as we are all of us equally interested in sustaining the dignity and promoting the objects of our organization, I shall rely with entire confidence upon your co-operation and generous forbearance while I shall direct your proceedings, as far as I am able, in accordance with the rules of order which the Society itself has adopted for the transaction of its business. From our reiterated experience at some of the former meetings of the Society, it must, I think, be obvious to all of us, that it is only by a strict observance of our regular order of proceeding, and by the rigid and impartial enforcement of the rules that govern all deliberative assemblies, that the business of the Society can be transacted with credit to ourselves, or with advantage to the cause of medical progress.

In addressing you this evening, in accordance with the uniform practice of my predecessors, the discussion of some medical topic of popular as well as professional interest, would seem to be peculiarly appropriate to the occasion.

Our duties as physicians are not confined to the simple routine of attendance upon the sick. The protection of the health of our clients, from whatever cause it may be threatened, is really a more important part of our legitimate functions than the cure of their diseases. Nor are our professional responsibilities limited to the narrow circle of private practice. The relations which we sustain to the communities in which we live, and to the State of which we form a part, impose upon us a wider range of obligations in connection with the public welfare. As we have met this evening in public convention, as the representatives of the profession of the State, it is proper, I think, that these public responsibilities —the duties growing out of our relations to the community —should receive at least a portion of our attention. I beg leave, therefore, to offer for your consideration a topic that is

intimately connected with both our public and our professional relations, viz:

Popular ignorance of medicine: its relations to quackery; and our responsibilities and duties in connection with it.

I know that there are those in the profession who regard the discussion of quackery, or anything in relation to it, as simply a waste of time; as entirely barren of all practical good results. I am also aware that there are others who deprecate such discussion as being beneath the dignity of the profession, and actually mischievous in its tendencies. It is possible, therefore, that the announcement of my subject may be met by some with an impatient "*cui bono?*" or a peevish and dissatisfied "*pooh, pooh!*"

But if my faith in scientific medicine be not altogether a delusion; if, indeed, medicine be a science, incompletely developed, perhaps, and imperfectly understood, but yet so far as it is developed and understood, *a science*—a system of positive facts and their ascertained relations—and not a mere jumble of crude dogmas and vague theories and conjectures; and if, as I believe, it is a science which deals with the elements of man's highest *spiritual* as well as *material* interests; and which lies at the foundation of his intellectual and moral and religious, as well as his physical well-being, then surely, nothing which tends so much as quackery to impair its usefulness, and to hinder its success, can at any time be beneath our notice, or unworthy of our careful consideration and discussion.

In presenting this subject, however, it is not my intention to read to you an essay upon quackery; nor shall I enter into any discussion of its evils; nor of the various forms in which it shows itself in medicine. Before an audience of educated and practicing physicians, such discussion must surely be

superfluous. It is my purpose simply to direct your attention to our own personal relations to quackery—to inquire *how far through our traditional prejudices against the popularizing of medical knowledge, we may ourselves be responsible for its presence and perpetuation in medicine; and what are the duties, growing out of that responsibility, which are required of us, individually, and as a profession.*

In the first place, gentlemen, I would observe, that quackery is by no means an evil of modern origin; nor can it rightfully claim a medical parentage. On the contrary, it had its birth in Eden, when the serpent whispered into the ears of Eve, "*Ye shall not surely die;*" and the sad story

> "Of man's first disobedience, and the fruit
> Of that forbidden tree whose mortal taste
> Brought death into the world and all our woes,"

is the earliest authentic record of its terribly pernicious results. It is one of the many forms in which, since that eventful day, human depravity crops out into human action—one of the manifestations of *unbelief* in the hearts of men—one of the outgrowths of the same spirit of *infidelity* that questions the authenticity of the sacred records.

We see it not only in medicine, but also at the Bar, or even on the Bench, "selling judgments for a price," and poisoning the stream of justice at its source. We see it in the Teacher's chair, casting its baleful influence over the schoolroom, dwarfing the intellects, corrupting the consciences, blighting the affections, and degrading all the generous emotions and aspirations of the young. We see it in the Pulpit, blatant with affected zeal for God's glory and man's redemption, and prostituting the functions of the sacred office to the basest purposes of selfishness and rascality. We see it in politics, in business, in religion, in the benevolent enterprises

and philanthropic schemes of the day. In short, everywhere around us, wherever cunning and duplicity find a field for their profitable exercise, there we find it preying upon society, in the assumed garb of patriotism, or philanthropy, or religion, as may best suit its selfish and sinister designs.

Now such being the origin and character of quackery, it cannot of course be expected that our profession should escape its pollutions. Indeed, it must perhaps be admitted, that it prevails to a greater extent in medicine, than in any other professional or business pursuit.

The reason of this, I take it, is sufficiently obvious, and is found in the fact that there is no other branch of human inquiry, in which mankind have so much and such direct personal interest, of which they are, at the same time, so generally and so profoundly ignorant;—no other department of human industry, in which popular ignorance and credulity offer so rich a field for the practice of fraud and deception.

Deception, imposition, fraud, is an important element of quackery,—its very essence, indeed,—and for the successful practice of deception, ignorance on the part of the dupe is absolutely necessary. *One cannot be deceived in matters of which one has positive knowledge.* No one, for example, can be quacked into the belief that two and two are six. On the other hand, mankind are naturally credulous, prone to believe that which they wish to be true, and very easily deceived in matters of which they are ignorant.

We see this constantly illustrated in the history of popular humbugs. Take modern spiritualism as an example—a subject upon which we all are necessarily ignorant, because it is one upon which it is impossible, in the very nature of things, to acquire any positive knowledge.

All knowledge is acquired by the exercise of the senses: but the very idea of a spirit implies its immateriality, or the

absence of those very qualities of which alone the senses take cognizance. Whether there be spirits or not, therefore, and if so, what are their qualities, relations to mankind, modes of manifestation, etc., are questions of which we know absolutely nothing, and of which, in the very nature of things nothing can be known. And yet we daily see men of robust intellect, whose minds have been cultivated to the highest point of development and efficiency; who are competent and accustomed to investigate, analyze, compare and classify evidence—practical experts in "the balancing of probabilities, the science of judges;" and upon whose opinion in matters pertaining to their own professions we are accustomed to rely with implicit confidence; who nevertheless become the helpless and hopeless dupes of spiritualistic charlatans.

Now, if the existence of spirits, their qualities, relations, manifestations, etc., were matters upon which it were possible to acquire positive knowledge; or were susceptible of being known and demonstrated by the ordinary methods of knowing and demonstrating scientific facts, do you suppose it to be possible that such men could thus be deceived by the miserable mummeries of pretended spiritual media?

Now what is true of spiritualism, is also true of every other form of quackery, and notably so of quackery in medicine;—its successful practice is dependent in a great measure, upon the popular credulity that is begotten or fostered by popular ignorance.

But it is sometimes said, and perhaps truly, that quackery in medicine derives its principal support, not from the ignorant and illiterate, but from the educated and more intelligent portions of the community, and therefore, it is argued, education, in point of fact, affords no protection against fraud and deception in medical practice.

This inference, however, is not strictly warranted by the

premise. In every community, educated intellect, other circumstances being the same, will always exert a controlling influence in shaping and directing public opinion. That this influence is sometimes exerted in favor of quackery in medicine, is unfortunately true. But this result, I take it, is due, not to the superior intelligence of the educated classes, but to their total lack of *medical* education—their entire want of correct or reliable information upon professional topics. For it must be remembered that this popular ignorance of medicine is not confined to the uneducated, but is as general as it is profound. There are, it is true, a few members of the legal profession who have made medical jurisprudence a specialty, and who have taken pains to inform themselves, from regular professional sources, as to the exact status of the medical sciences;—and these, by the way, are not apt to patronize quackery. But with this exception, even our best educated citizens are just as ignorant of medicine and the science of life, and therefore just as liable to errors of medical opinion, and just as likely to be misled by the deceptions of quackery in medicine, as the most illiterate boor in the country. The only difference between them is in the kinds of error to which their ignorance tends, and the forms of quackery by which they are respectively most readily deceived.

Persons of ordinary intelligence and refinement, of course, are not apt to place confidence in the medical potency of filth in such revolting compounds as "*swallow's nest poultices*," "*angling-worm syrup*," and the like; nor are men of scientific culture at all likely to be misled by the vulgar absurdities of "*Thompsonianism*," or the pretended mysteries of "*Clairvoyance.*" These, and such as these, are the errors of vulgar and uncultivated minds; of those who are naturally inclined to the marvellous in belief, and who instinctively seek in mysterious and supernatural agencies an explanation of the simplest

natural phenomena. Hence, we always find them to be firm believers in the monstrous pretensions of "*natural bone-setters*," "*Indian herb doctors*," and the like; and the fortunate accident of being born a "*seventh son*,"—particularly if the miraculous powers thus conferred be still farther intensified by transmission through the blood of a "seventh daughter,"—is regarded by them as more satisfactory presumptive evidence of medical competency and skill, than the hard-earned diplomas of our best medical schools, or than years of patient study and careful clinical observation.

Persons of general culture, particularly those who have received a scientific education, are not apt to fall into these vulgar forms of error, nor to be misled by such gross exhibitions of ignorance. With them the tendency is to the opposite extreme of regarding medicine as an *exact* science; and to an equally irrational confidence in the value of positive medication in the treatment of diseases. Being familiar with what may be called the philosophy of science, and accustomed to trace all physical phenomena, however complicated or obscure, to the operation of natural causes acting in harmony with definite laws, they naturally infer that medicine, if it be a science, must be equally definite in its facts and principles; and that the phenomena of life, both in health and disease, must be equally susceptible of rational explanation. The very prejudices of their education, therefore, in connection with their ignorance of medicine itself, incline them to regard with confidence any system of quackery in medicine, which professes to be built upon a scientific basis.

This, no doubt, is one of the reasons why so many of our better informed citizens are misled by the pretensions of Homeopathy—the most irrational, but at the same time, the most fashionable form of quackery at present prevalent in the community. Being cut off from all reliable sources of med-

ical knowledge and entirely dependent upon irregular and irresponsible pretenders for their information upon medical topics, they are necessarily ignorant of everything pertaining to regular or scientific medicine, and incapable of discriminating between truth and error, facts and falsehoods, in medical teaching. Moreover, being ignorant of the fact that the claims of Homeopathy, and of every other exclusive system of practice, have been repeatedly subjected by us to the test of thorough investigation and careful clinical experiment; and assuming as they do the honesty of homeopathic practice, the truthfulness of homeopathic statements, and the genuineness of pretended homeopathic facts; it is by no means singular that they should imbibe the most monstrous and exaggerated ideas as to the vagueness and uncertainty of our therapeutics; or that they should learn to regard "*similia similibus curantur*" as the expression of a genuine, therapeutic law, based upon actual and universal observation. And with all the prejudices of their education prompting them to seek in medicine for the same positiveness and certainty which they are accustomed to find in the exact sciences, it is not at all strange that they should look with favor upon any dogma that professes to obviate all uncertainty in medical practice, and to reduce the treatment of diseases to the definiteness and simplicity of fixed, invariable law.

But admitting the influence of this popular ignorance in the promotion and perpetuation of quackery in medicine, the evil, it is sometimes argued, is practically without remedy; that from the comprehensiveness and extent of the medical sciences, and the difficulty attending the investigation of vital facts and phenomena; the *thorough* medical education of the public is impossible; and that in medicine, more than in any other department of science, it is especially true, that

"A little learning is a dangerous thing,"

tending to the development of inordinate self-confidence, and to the misapplication, or abuse, of imperfect knowledge.

Medicine is a term that embraces several allied, but distinct, sciences, neither of which can be inferred or deduced from the others, but all of which must be learned by separate or distinct processes of observation or study. For example, a knowledge of anatomy does not imply a corresponding knowledge of physiology. The physiological functions of the organism cannot be inferred *a priori* from its anatomical structure. These are two distinct sciences, and must be learned by distinct processes of investigation. So, also, although a knowledge of anatomy and physiology is essential to a comprehension of the pathological changes to which the organism it liable, yet these changes cannot be deduced from such knowledge by any process of inductive reasoning. Pathology is a distinct science, and must also be learned by direct observation at the bed-side and in the dead-house. The same is, if possible, still more strikingly true of therapeutics, or the science of practical medicine. The best anatomist and physiologist, the most accomplished pathologist and diagnostician, may yet be entirely ignorant of the therapeutic action and effects of medicinal agents, or the relations of medicines to diseased conditions. This is still another distinct system of facts and their relations, and can only be learned by patient clinical observation and experiment.

And besides the vast extent and comprehensiveness of the medical sciences, the difficulties attending the investigation of vital facts and phenomena in health and disease, and the obstacles to their comparison and correct classification are so great as necessarily to impart to our generalizations an element of uncertainty that does not pertain to our knowledge of the exact sciences. And in view of these facts, it must be admitted that the thorough medical education of the public

is simply impracticable. But I am not willing to admit that such thoroughness of education is at all essential as a protection against quackery in medicine. Indeed, upon careful analysis, we will find that the objection possesses no real weight.

All human learning is partial, imperfect. There is no subject of human inquiry of which it can be said that our knowledge is complete. The utmost capacity of the human mind is not sufficient to embrace all that is to be known. Every forward step in our educational progress reveals more distinctly the interminable length of the journey before us. The highest attainments of the human intellect serve but as standpoints, from which we may discover still higher peaks beyond, yet unreached and unexplored. As expressed in Byron's "Manfred," science itself is

> "But an exchange of ignorance for that
> Which is another kind of ignorance;"

And even Sir Isaac Newton, in contemplating the results of a life-time spent in the successful investigation of natural facts and phenomena, is said to have expressed himself as feeling like a little child on the sea-shore, who had only succeeded in gathering together a few shells from the exhaustless treasures before him.

The argument, then, however specious it may be, has no real value. If applicable to medicine, it applies with equal force to every other department of science; and if followed to its legitimate conclusion, it must inevitably lead to the abandonment of all educational efforts, and reduce the world to the darkness and hopelessness of helpless ignorance forever.

In point of fact, however, all genuine knowledge is valuable, and to some extent, "a defence." However limited it may be, it is conservative in its influence and tendencies,

protecting its possessor, in proportion to its extent, against both his own ignorance and self-conceit and the ignorance and pretensions of others. In medicine, as in every other department of learning, it is false information—the counterfeit of real knowledge—that misleads the mind, and tends to arrogant self-reliance. But as even the insignificant light of a taper intensifies and renders more apparent the circle of darkness by which it is surrounded, so all genuine knowledge, even if it be limited to the rudiments of the science, serves to reveal the exceeding vastness of the unknown, teaches us humility and self-distrust, and exposes the utter worthlessness of all claims to superior skill, that are not based upon thorough medical education and large clinical experience.

Compared with a thorough medical education, I have no doubt that

"A little learning *is* a dangerous thing."

The danger, however, lies not in the *learning*, but in the *little*. But the question before us is, not as to the relative value of much and little learning, but of a *little* learning and *none at all*. "Drinking deeply" of the "Pierian spring" will no doubt sober a brain already intoxicated with ignorance and self-conceit. But I have yet to learn that this sort of intoxication is more likely to result from "shallow draughts," than from total abstinence from the sobering fountain of truth.

Admitting, then, the impracticability of the thorough medical education of the people, I deny that such thoroughness of education is at all necessary as a protection against quackery in medicine, any more than in other professional or scientific or business pursuits.

A *thorough* acquaintance with the mechanic arts is not necessary to distinguish the skilled workman from the bungling cobbler. One need not be *thoroughly* learned in *belles-lettres* to

detect the pretensions of the literary mountebank. A *thorough* knowledge of the principles and details of the law, is not required to protect ourself from the practices of the "*shyster*," or legal quack. No more is a *thorough* or complete medical education necessary to discriminate between the conscientious and accomplished physician and the irregular and pretentious charlatan.

The popular ignorance of which we complain as tending to the promotion of quackery in medicine, is not the want of a *thorough* acquaintance with the principles of medicine as a science and its details as an art; this can no more be expected than the thorough education of the masses in astronomy or engineering. But it is the absolute and profound popular ignorance of everything relating to medicine and the science of life; ignorance not only of what is positively known, but also ignorance of the fact that there is much in medicine that is not known; much that is doubtful, or upon which our information but approximates to the truth; much that is beyond the reach of our present means and methods of investigation; much that in our present ignorance of the vital forces, is beyond the scope of our comprehension. And for this condition of general and profound popular ignorance, I do insist, that *we, as a profession, are to a very great extent responsible.*

There is in the human mind a strong instinctive desire to acquire knowledge; but in nothing, perhaps, is this disposition so strikingly manifested, as in the eagerness with which the people read, and even file away for future reference, everything relating to medicine that comes within their reach—even to the filthy advertisements with which our newspapers are crowded, and the miserable trash that finds its way into our houses, in the shape of advertising circulars, announcing some pretended discovery in pathology or therapeutics, or extolling the wonderful virtues of some worthless nostrum.

Now this quality of the human mind is certainly as favorable to the reception of truth as of error in medical teaching. And if it were met by us as a profession, in an enlightened and truly conservative spirit, it offers the most favorable opportunities for inculcating correct views of medicine, and for so educating the people as to secure their intelligent appreciation of the character and claims of the profession, instead of that blind and unreasoning confidence which is begotten of ignorance, and which is now bestowed alike, and without discrimination, upon both merit and pretension—upon the unscrupulous and illiterate charlatan, as well as the educated and conscientious physician.

But, unfortunately, in medicine as in matters pertaining to our spiritual interests, "the children of this world are in their generation wiser than the children of light." And while those who are devoted to other professions, and to other scientific and business pursuits, embrace every opportunity, and employ every means within their reach to spread abroad among the people a knowledge of their respective specialties, medicine alone, of all the professions, has sedulously kept itself aloof from the popular mind, enveloped itself in an atmosphere of mystery, and permitted the popular estimate of its merits to be based exclusively upon the false teachings of traveling mountebanks, and the lying circulars of advertising quacks.

In the language of Dr. Shrady, of the New York *Medical Record*, "Like unto a thoroughly ancient and respectable order, we have become so accustomed to treasure up our own legends, to hand down our watchwords, to nurse our old prejudices, to wrap ourselves so much within ourselves, that we seem utterly oblivious to the changes that have been wrought around us. * * * * * * In every other department of science, the public have been educated to discriminate between true and

false doctrines, but in respect of such knowledge of medicine, we as a body stand to them in the same relation as we did a hundred years ago."

Now, under these circumstances, gentlemen, we surely have no reason to complain of the errors and absurdities of popular medical belief; and more than this, we have only ourselves to blame for the facility with which even our best informed citizens are duped by the various forms of quackery which prevail in the community.

Admitting, then, the influence of this popular ignorance in the promotion of quackery in medicine, and the necessity of a more general diffusion of medical knowledge among the people, as a means of correcting the evil, the question arises: By what means may this result be most judiciously accomplished?

It is not my present purpose to enter into the discussion of this part of my subject, except so far as the duties required of us as physicians may be especially involved in its consideration. And in view of our own responsibility for the existing state of popular ignorance upon matters pertaining to our profession, I would, in the first place, remark, that it is our first and most important duty to rid ourselves of those intense professional prejudices, and that exaggerated spirit of professional exclusiveness which have so long controlled our policy, crippled our energies, and restricted our sphere of professional usefulness.

We live in times of tremendous mental as well as physical activity. In the achievements of intellect, and in scientific progress, with all their supplemental influences upon the social relations and the habits of popular thought and feeling, the changes of centuries are now compressed within decades. The cheapening of intelligence, and its rapid and general diffusion among the people, by the steam-press and electric tele-

graph, have opened up new channels of popular thought, and developed a spirit of inquiry among the masses which is no longer satisfied with naked assertion, or the dogmatic statement of results, but which, with the pertinacity that was so offensive to the fat knight, obstinately demands to know the *reasons why.*

Now the relations which the profession sustains to the public, have necessarily been very materially modified by these changes in the public mind and character. The traditional snuff-box and gold-headed cane, the conspicuous equipage, the stilted pomposity of language and deportment, and the affectation of profound mystery, which a century ago constituted so large a portion of the physician's stock in trade, no longer pass current as evidences of learning and skill, except with the very ignorant. However mortifying it may be to our vanity, or however much it may conflict with our prejudices, or shock our notions of professional dignity, it nevertheless remains a fact, that with the more intelligent masses of the community, medicine to-day stands upon precisely the same footing as any other legitimate business pursuit, and is just as dependent upon the popular appreciation and favor, both for its means of support, and also for the opportunities for fulfilling its benevolent and humanitarian mission. As with every other business calling, mankind will exercise their undoubted right of discussing its merits, and canvassing its claims to their confidence and patronage. And whether their judgment shall be intelligent or otherwise, depends upon whether their opinions shall be based upon authentic medical facts, and reliable information derived from the profession itself, or upon the false statements and reckless assumptions of unprincipled and irresponsible pretenders.

In view of these facts, gentlemen, the question arises—shall we continue to nurse our old prejudices that were begot-

ten centuries ago, when medicine was held in exaggerated and superstitious reverence by an ignorant populace as one of the awful mysteries pertaining to the functions of the priesthood? Under the absurd notion that an increase of knowledge among the people will lead to its abuse, shall we continue to close up every avenue to correct information upon medical topics? Or, shall we place ourselves fully in harmony with the spirit of our own times; become ourselves the teachers of medicine among the people, and by appealing to the intellect and conscience of the Nineteenth Century, enlist its tremendous energies in behalf of the truths that we have so long and so sedulously guarded from popular encroachments?

To my mind, the proper answer to these questions is not at all doubtful. I can conceive of no good reason why we should yield to irresponsible and medically uneducated pretenders, the advantages which they now possess in their assumed character of medical reformers. On the contrary, it seems to me that the dictates of sound policy, as well as the higher considerations of moral obligation, impose upon us the duty of asserting our just prerogatives in this respect, and of assuming our own proper place as teachers of medicine, as well as students and practitioners—as the only authentic expositors of what is really known of the science of life. As a profession, we surely have no mysteries to conceal; no fraudulent practices to hide from the public eye. We do not doubt the facts and principles upon which our doctrines and practice are founded. By thorough investigation, and careful clinical experiments, we have repeatedly proved the worthlessness of opposing systems, and the falsity of the dogmas upon which they profess to be based. Why then should we continue to hoard up within ourselves our accumulated wealth of professional knowledge, or to hide it away from the popular appre-

ciation under the impenetrable garb of ponderous technicalities?

For my part, gentlemen, I have no sympathy with that spirit of exclusiveness, or that impracticable sort of ultra-conservatism, that would confine the knowledge of medicine to the profession itself, or that would prohibit the public discussion of purely professional topics. I know that there are those in the profession who deprecate such discussion, as being undignified and unprofessional; and who object to all such attempts to establish the claims of medicine to the public confidence, as degrading the profession to a position of apparent rivalry with irregular practitioners and irregular systems of practice. But I have too much respect for the popular intelligence, and too much confidence in medicine itself, to believe that its hold upon popular favor can in any way be impaired by the public exposition of its facts and principles, or by the frank and full public statement of its character and merits. On the contrary, in this age of general education, it is only by such public discussion that its claims can be thoroughly understood or properly established. I believe in medicine as Milton did in matters of religious faith, that "whatever winds of doctrine be let loose to play upon the world, so truth be in the field, we do injuriously, by licensing and prohibiting, to misdoubt her strength. Let her and falsehood grapple, for whoever yet knew truth put to the worse in a free and open encounter?"

It is but recently that the attention of the profession has been directed to the popularizing of medical knowledge, as a means of correcting the popular tendency to quackery; and the subject has not yet received the consideration its importance merits. In 1868, it was first brought before the American Medical Association by Dr. Palmer, of Michigan, in his report as Chairman of the Committee on Medical Education; and the general feeling of the profession, at that time, may be

inferred from the fact that no action whatever was taken upon it. Since then, however, the subject has been discussed to some extent in some of the medical journals, and the time, I think, is not far distant, when we shall be constrained to take some definite action upon it.

In discussing this question, I apprehend that we are too apt to regard it exclusively from a professional stand-point, and without sufficient reference to the mutual relations of interest and dependence, which do exist between the profession and the public.

That the interests and welfare of the community are indissolubly bound up with those of the profession, we are all ready to admit. But we are not all so prompt to recognize, nor to accept the fact, that medicine, as a profession or a business, is just as dependent upon an intelligent popular appreciation of its character and claims. Without this, we are entirely helpless for good, and it therefore becomes our duty, as well as our interest, to convince the popular judgment, in order to secure the popular co-operation and support.

In presenting this subject to the American Medical Association, Dr. Palmer, in the report above alluded to, in reference to this point, remarks: "In monarchies, whose genius it is to maintain right by force, and where the privileges of physicians and the protection of the community are secured by rigid laws, physicians may stand aloof from the people, addressing themselves upon professional subjects exclusively to their class. But in this country, and at the present time, *no profession can do its full work except upon the principle of educating the people, and appealing to them as umpires.* They are the judges as to patronage and support; why not prepare them to judge? Here we have no legal protection against stupidity and pretensions, and if these are to be overcome, it must be by the power of truth."

Now this dependence of every profession upon enlightened public opinion, is in entire harmony with the whole theory of our government—the direct and necessary result of the principles upon which all our institutions are based. And in view of the liberal and eminently practical tendency of the medical mind, it is amazing that ours is the only profession that has failed to recognize the fact, or to accept the necessity that it imposes—that ours is the only legitimate professional calling that still continues to shroud itself in mystery, and practically insists that its own *ipse dixit* shall be accepted as the unquestioned rule of the popular faith.

This extreme exclusiveness of the regularly educated profession, by the way, is beginning to be regarded with amazement, even by the general or non-professional public, the better informed portions of whom do not hesitate to fling it into our faces as a sufficient if not satisfactory apology for the popular tendency to patronize quackery. In this connection, I beg leave to read to you a few pertinent suggestions that were recently addressed to the profession by an educated and most intelligent layman, at the graduating exercises of one of our most prominent medical colleges.

Referring to this intensity of the professional feeling as one of the inevitable outgrowths of the close and constant study that is necessary to master the almost infinite details of the medical sciences, the gentleman alluded to remarks:—"This reticence is natural, therefore, and in part unavoidable. But I want to show you that it is one of those limitations of your science which is to be struggled against, not fostered. The specialization of knowledge for purposes of investigation, must be reconciled with the great cause of the diffusion of knowledge, which is the education of the world.

"Now this can be done, for it has been done in other branches of sciences. Here is a layman's experience. When

we meet an engineer, an inventor, a naturalist, we find him eager to tell us all he can of his art. The foremost of these men stand in popular lecture-rooms, giving the broad outlines of their knowledge to the public. Your mystery is the only one on which a popular lecture is unheard of, and would be monstrous. It is the least communicative, and the least in contact with public opinion, of all the professions. It is said that any attempt to spread medical knowledge abroad would be but to multiply quackery, and would lead men rashly to practice on themselves and others that vague half-knowledge which is the worst form of ignorance. I answer that it is ignorance that is your obstacle now; it is ignorance that makes the vulgar mind run to quacks and pretenders, and to distrust true science; and is your remedy to be, more ignorance? To cure darkness by excluding light; to cure folly by shutting out wisdom is a shining instance of homœopathic practice. The state of the popular mind shows the results. Law is studied in schools, and freely discussed everywhere, and the public understand it well enough not to practice it. Listen to the people's proverbs. They say, 'A man who tries his own cause has a fool for his client.' If they understood medicine as well, they would feel and say, as they do *not* now, 'The man who doctors himself has a fool for his patient.' But what they do say now is to disparage your skill, and tell usabsurdly that 'every man at forty is a fool or a physician.'

"The same atmosphere of professional exclusiveness once surrounded all learning, but it has now passed away from most branches. The astrologer dealt in signs and wonders; but the great truths of astronomy have become part of the common-stock of school-boy learning and popular literature. Yet the people in general know they cannot predict eclipses or discover asteroids, nor do they listen to ignorant pretend-

ers with new and wild theories. The better any science is known to the public mind, the more that mind clings to the real masters of the science. * * * * *

"Your profession has already made most splendid contributions to the common stock of intelligence, and has acted powerfully on the general mind; but it has done so in spite of the professional spirit, and not by its direct influence. * * * The precious store the physicians carry down the ages, leaks out on every side, and filters through thought and custom, transforming our lives. The single discovery of Jenner, taught and practiced by enlightened physicians until it is a social law, has doubtless saved more lives, and contributed more to the wealth and happiness of mankind than all the direct treatment of diseases by all the physicians that ever lived.

"So it is with the triumphs that await medicine in the future. Why are these sects and schools in this community, which claim to rival scientific medicine in popular favor, and even to drive it from the field? It is because of the very ignorance among the people which your professional exclusiveness fosters. You withhold from them the very means of judging your claims, and understanding your value. I have heard within two weeks, in a large company of intelligent people, a serious discussion of the pretended curative power in the will of a quack, applied by manipulations of diseased organs. Such a fact seems to me to be a reproach to the physicians of the community. If they had done their full duty in the education of the people, we should hear no more of mesmeric doctors, vegetable eclectics, dilute potencies and patented panaceas. These things would have gone to their own place in the limbo of amulets, horoscopes and witchcraft. To drive all these superstitions from the world is a worthy task for a noble science; but it must

be done by diffusing knowledge, not by wrapping it up in mystery."*

Gentlemen, it is a good thing sometimes

"To see oursels as ithers see us."

And the above criticisms and suggestions may safely be accepted by us as a truthful expression of the feelings excited in the minds of the non-professional public by this strange *idiosyncrasy* of our professional character—"this exaggerated development of the professional spirit in scientific medicine." Coming, as they do, from one who is a warm friend of the profession, as well as an active advocate of reform, they are certainly entitled to our respectful attention; and in the hope that they may

"——— frae monie a blunder free us,
And foolish notions,"

I would most earnestly commend them to your thoughtful consideration.

In view of the exclusively practical and progressive tendencies of the medical mind, it is scarcely necessary for me to take up your time in suggesting the methods, or specific means by which this evil of popular ignorance may be most efficiently corrected.

Medicine is the most progressive of all the professions. Its instincts are more intensely democratic, and, except in matters purely ethical, it has less reverence for authority, and is less bound by precedent, than any other. And if it could but divest itself of its prejudices of education, and its traditional habits of feeling upon the subject of its ethical relations to the community, I have no doubt that it would

* Address to the graduating class of the College of Physicians and Surgeons of New York, March 1, 1871. By CHARLTON T. LEWIS.

almost intuitively glide into that channel of policy which is best adapted to secure the results desired. Indeed, for this purpose, we have but to follow the example already set for us by the sister professions, and to impress into our own service the instrumentalities already within our reach.

In this connection I would remark, in passing, that whatever is worth knowing is also worth being learned early in life; and there are some branches of medical science that may with great propriety be taught to our children at school. Such is especially the case with those branches which, in the certainty of their facts and principles, have obtained somewhat to the position of positive sciences. Anatomy, physiology, hygiene, etc., for example, although not exhaustively developed, perhaps, have yet attained a good degree of definiteness in their facts and relations. They are also sciences, a knowledge of which is essential to the intelligent and satisfactory discharge of our duties as citizens; and they are branches of study which are within the comprehension even of children, and which can scarcely fail to excite their interest and attention. As exercises for the development of mind, therefore,—for the cultivation of the observing and reflective intellect,—they possess a value but little, if any, inferior to that of the exact sciences. There is, therefore, no good reason why they should not be introduced into our schools as a necessary part of common-school education. And if the foundations thus laid in our primary schools were still farther built upon and strengthened in the academies and colleges of the country, I believe that it would result in the erection of a more certain barrier of defence against the impositions of quackery in medicine, than all the special legislation that was ever devised for the protection of the community against this evil.

But of all the modern agencies for the correction of popu-

lar errors and the diffusion of knowledge among the people, there is none, in this country at least, that can compare in power and efficiency with the popular periodical press. To this instrumentality, more than to any other, perhaps, is the world indebted for the extraordinary advances that have been made during the last generation in our knowledge of the sciences and the arts, and of everything which tends to the progress and welfare of the race.

In common with other professions, medicine has impressed this tremendous power into its own service. But, unlike every other, it has been careful to restrict its operation and influence to the profession itself—to the education of its own members. While every other profession has made use of the periodical press, both popular and professional, for the enlightenment of the public upon their respective callings, any such employment of this agency on our part, is condemned by the general sentiment of the profession, if not by the exact letter of our code of ethics.

Now this, it seems to me, is a great mistake; and it is one of which the enemies of scientific medicine have not been slow to take advantage. The non-professional public, of course, cannot appreciate the motives of our reticence; and, in the absence of all effort on our part to correct the misstatements of pretenders to the doctorate, their false teachings, as found in the secular press, are accepted by the masses as genuine expositions of medical science and reform.

This is a mistake, however, which I think will ultimately be corrected by the general employment of the periodical press as the medium of communication between the profession and the public. Indeed, I believe that even now the publication of popular medical journals, under the auspices and authority of the profession, and devoted to the discussion, in language adapted to the popular comprehension, of the

facts and principles of medicine, its history, ethics, and every thing relating to professional matters, would prove to be one of the most efficient of all agencies for the education of the public, the suppression of quackery, and the elevation of the profession in the popular confidence and favor.

I am aware that these suggestions are exceedingly radical; and I submit them, therefore, with great hesitancy. But we know that these results do follow the popularising of professional knowledge in other specialties;—and why not in ours? For example: the proceedings of the courts, the arguments of counsel upon intricate questions of law, and the decisions of judges, with the principles and precedents upon which they are based, are now regarded as a necessary portion of the contents of the daily journals; and as the results of this practice, we see that the people have learned that the law is an intricate and profound science; that they avoid a pettifogger as they would a pestilence; and place their confidence alone in those who are masters of the science;—and for the life of me, I cannot comprehend why the same results should not follow the operation of the same causes in our own profession.

But while very much may thus be accomplished by us in the way of reform; yet after all it is not so much by the concerted or associated action of the profession, as through the direct, personal efforts and agency of individual members within their respective spheres of duty, that the power and influence of the profession over the popular mind and character may be most efficiently brought to bear.

It is not necessary for me, before an audience of practical physicians like this, to do more than simply refer to the exceedingly intimate and confidential relations which physicians sustain to their patients and patrons, to indicate the tremendous influence they are able to exert, in shaping public

opinion, and in moulding the habits of popular feeling and thought. As a matter of fact, this influence *is* wielded, either for good or for evil, by every physician in actual practice. Whether he know it or not; whether he intend it or not, his manners, his language, his example, his opinions, whether wisely or carelessly expressed, like seed scattered upon the waters, will find their proper bed in the prolific soil beneath; and whether they be tares or wheat, they will ultimately produce of their kind a most abundant harvest. And it is precisely this subtle personal influence of the physician, within the sphere of his associations and relations, that I would most earnestly invoke in behalf of the popular enlightenment, and for the correction of the popular tendency to quackery.

If it be asked, how may this personal influence be most efficiently exerted to this end? I answer,—not by occasional spasmodic efforts, or by a few popular lectures designed for the amusement of a winter's evening. Not by dogmatic self-assertion, or the pooh-poohing of popular errors and mistakes. Not by ridicule, nor sarcasm, nor wit: but by patient persevering endeavor to inform the popular understanding and enlighten the public conscience; by the conscientious exposure of the frauds perpetrated upon the ignorance of the community by unscrupulous charlatans; and by the simple power and dignity of truthfulness and sincerity, in all our intercourse and associations with our patients and the public.

I know that the main supporters of quackery and purchasers of quack nostrums are the ignorant and superstitious, and that but little can be expected from appeals to the understandings of such. But the ignorant masses of the people, after all, are patronizers of quackery because they are sustained and encouraged by the example of those to whom they are accustomed to look for counsel and direction.

In every community there are always a few prominent, educated and influential men—clergymen, members of the Bar, and leading business men of different callings—by whom public opinion is, in a great measure directed; whose influence permeates the whole community; and whose example is felt even in the minutest details of social life. These generally are energetic men, of robust common sense, whose opinions are based upon what seems to them to be reliable evidence, and whose convictions cannot be shaken by ridicule alone.

In common with the rest of the non-professional public, these men are necessarily ignorant of everything relating to scientific medicine, and therefore are occasionally misled by the pretentious impositions of Homœopathy, or of other systems of quackery. Deriving all their information upon medical topics from irregular and irresponsible sources—from those who are the enemies of scientific medicine—they will talk to us about "the old system of practice," or "the old school of medicine;" honestly believing, no doubt, that we do practice after some especial system based upon some exclusive dogma, to which they have been taught that we are so wedded that we refuse to examine into the merits of what they conceive to be "new systems," or to subject the claims of such to the test of actual clinical experiment.

Now, it is to the enlightenment of this more intelligent portion of the community that our personal influence should be especially directed. We know that medicine is not exclusive in its doctrines nor practice. On the contrary, it is the most progressive of all the professions—truly *eclectic* in its habits—trying all things—even to the vagaries of Hahneman—but holding fast *only* to that which is good. Of these facts it surely cannot be difficult to convince the better informed and more thoughtful portion of our citizens. But it must be

done, not by dogmatic self-assertion, nor by the hasty ridiculing of their errors and mistakes, but by the patient, faithful, and conscientious presentation of the truth.

Another mode in which this personal influence of the profession may be efficiently brought to bear upon the popular mind and conscience, is by *the force of correct teaching and example in the sick-room; by the perfect rectitude of our own lives; and by the careful avoidance of everything like quackery in our own conduct and character.*

I do not now refer to the thousand and one vulgar forms in which the spirit of quackery will sometimes show itself in the sick-room. We all know, for example, that some practitioners *appear* to be so unfortunate as *always* to have an excessively large proportion of grave cases—diphtheria, typhoid fever, cerebro-spinal meningitis, etc., etc., being as common in their practice, as diarrheas and common colds are in the practice of others. And yet we do not hear of more than the average number of funerals among their patients. The inference is obvious: their skill in treatment must be extraordinary.

So also we occasionally meet with practitioners who are always so oppressed with business as scarcely to find time to eat or sleep. And yet they seem to be very wakeful, and have considerable license for gossip and Mrs. Grundy, and certainly appear to be well nourished. I recollect an instance in which a country practitioner of this class failed to keep a consultation appointment for 12 o'clock, M., and on arriving one hour later, apologized by saying that he had left home in the morning with the intention of visiting *only twelve* patients, but when he arrived in the neighborhood in which these patients lived—some miles from his own home, by the way—he had been obliged to visit eight others whom he had not expected to see; thus making a total of twenty patients in twenty families, that he had visited and prescribed for on a

single morning, in a country district, and several miles away from his own residence! Indeed, to me it has always been a source of astonishment, how easy practitioners of this class find it to visit forty, sixty, or even a hundred patients in a day, while for the life of me, in the same time, and over the same roads, and the same district of country, I never could get through with more than half of the smallest of these numbers, and do justice either to myself or my patients.

These, however, and other similar modes in which the spirit of quackery sometimes shows itself, are so exceedingly petty and vulgar, that I need not do more than merely refer to them here. But there are other directions in which even conscientious physicians are sometimes liable to err without knowing it themselves—other modes in which our influence, however unintentionally, may yet tend to the encouragement of quackery in the community. To a few of these I beg leave to refer.

The origin of most popular errors in medicine may be traced to similar errors in the profession itself, at the time when medicine consisted of little else than crude dogmas and uncertain theories. Even at the present time, notwithstanding the extraordinary advances which have been made in the science and the art during the last quarter of a century, the popular credulity that leads into quackery too often has its starting-point in a similar credulity that still shows itself in medical practice.

For example: the constant and undue reliance that people generally place upon drugs in their sickness, is but an outgrowth of the same false estimates that physicians *appear* to place in the value of positive medication in the treatment of diseases.

So also the popular error that every disease has a distinct personal identity, or separate individual existence, requiring some special antidote, or specific treatment, to eradicate it

from the system, is the legitimate result of the "*post hoc, ergo propter hoc*" mode of reasoning which, even at the present time, is too often adopted by us in actual practice.

Then, again, the popular tendency to run after new remedies, or new theories of treatment, or so-called "new systems of practice," is fully warranted by the same tendency in the profession itself.

We need not go back a hundred years to the time of "Perkins' Metallic Tractors," nor even seventy-five years to the time when Hahneman made the astonishing discovery that all diseases arise from "latent itch" in the system, and proposed to cure them all by infinitismal doses of the thirtieth dilutions duly potentiated by downward shakes, for examples of this tendency in the profession to run into certain fashions of medicine, or to accept conclusions upon very insufficient evidence. Any one who has made the history of medicine for the last fifty years his study, must have seen abundant proofs of this disposition, even in the best informed and most conscientious physicians. Who of the elder brethren among us does not remember when "liver complaint" was the great bugbear of his life, and when mercury to salivation was regarded as the only agent that could cast this devil out? Who even of the middle-aged of our members does not recollect when "spinal irritation" offered a ready and sufficient explanation of most of the aches and pains of our invalid population, and when blisters and croton oil were in constant demand as spinal counter-irritants? The time is within my own recollection when "prolapsus uteri" bore all the blame for nearly all female weaknesses, and when physicians purchased "supporters" by the dozen, to hold the uterus *up* by pressing the bowels *down* by means of a pad placed over the hypogastrium. And how long is it, I would ask, since induration and hypertrophy of the cervix uteri and ulceration of the os, usurped

the place of prolapsus, and when physicians visited their patients with speculum and porte caustique in hand, and always ready for use? For my part, I confess that I look back with regret to the time, soon after the publication of Bennet's work on the uterus, when, notwithstanding the conservatism of my disposition, I could scarcely find a healthy womb even among the hardy women of an extensive country practice.

This tendency in the profession to run into certain fashions in medicine, or to attach undue importance to certain measures or methods of treatment, or to certain symptoms, or groups of symptoms, is one of the evils growing out of the present progressive or transition state of our science. Nevertheless *it is an evil*, and must be corrected in ourselves, if we would hope to correct the same tendency in the popular mind.

Now, for the correction of the popular errors already referred to, and others to which it is not necessary for me to direct your especial attention, our personal influence as physicians, within our respective spheres of labor, may be most efficiently brought to bear. In our daily intercourse with our patrons we should be teachers of medicine, as well as practitioners. Our patients should be our pupils. The sick-room should be our school-room, in which, by precept and example, we should labor patiently and conscientiously to enlighten and convince those with whom we are brought into association. And there is every reason to hope that our efforts in this direction would be followed by an encouraging degree of success.

We know, for example, that diseases are not personal entities, but simply derangements of the vital actions, resulting in morbid changes in the structure and functions of the organism. We know that these derangements and changes are usually self-limited, and for the most part remediable by

the natural recuperative powers, provided we can place our patients in harmony with the natural hygienic conditions. We know that our measures of treatment are adopted, not because of any specific relations existing between our remedies and the disease itself, but simply for the correction of those general or local statis, which interfere with or obstruct the "*vis medicatrix naturæ*" in its healthful activity. And knowing these facts ourselves, it cannot surely be difficult to teach them to our patients.

I know that it is objected that we cannot make our patients or nurses comprehend the *rationale* of our therapeutics—the philosophy of our measures of treatment—but I do not believe it. If we can arrive at a diagnosis *satisfactory to ourselves*, and adopt a line of treatment that will meet the indications of the case *to our own satisfaction;* I apprehend that we will have but little difficulty in making others comprehend the why and wherefore of our prescriptions. And in those cases—by no means rare—in which we cannot reach a satisfactory diagnosis, or are in doubt as to the indications of treatment, while we watch the developments of the case, and confine ourselves to the treatment of symptoms as they arise, is it not *wiser* as well as more truthful, frankly to acknowledge the fact, rather than to deceive our patients by the administration of *placebos*, or to claim or accept for ourselves, the credit of results which are due to the natural operations of the vital forces, over which we have exerted no control whatever?

For my part I have no doubt of it. Even as a simple matter of policy, and independently of the higher question of right or morality, I have entire confidence in the efficacy of sincerity and truthfulness in our professional as well as our social intercourse with our patients. For, unless properly informed, people always regard every change that occurs in the progress of diseases, as the direct result of the specific

action of the drugs employed, and are necessarily incompetent to form any just conception of the learning and skill that are necessary to adapt our measures of treatment to the actual conditions of our patients—to know not only when and what to do, but also what and when to abstain from doing. They can, therefore, only give the practitioners credit for the mere routine knowledge required to apply specific medicines to specific diseases. And can you be satisfied with this, gentlemen? Are you willing to be judged by the same standard of merit by which the Brandredths and Moffits, and Townsends and Thompsons of quackery have become famous and rich? Is not this the same credulity, and the same "*post hoc, propter hoc*" mode of reasoning that we condemn in the followers of Hahneman? And so long as we are content to accept for ourselves the credit of cures that are effected by the "*vis medicatrix naturæ*," can we consistently ridicule their credulous belief in dilute potencies, or in the curative powers of infinitessimal doses of the thirtieth dilutions of sulphur or oyster shells?"

As a mere matter of interest or credit, therefore, I believe that physicians lose a great deal by their arbitrary and dogmatic manner of prescribing for their patients. I believe that we would all of us be able to attain a greater degree of success in our practice, and secure a stronger hold upon the confidence of our patrons and the public, if instead of an abrupt and arrogant "*do this*," and "*do that*," we were to be more patient and considerate in explaining to those who are under our care, as far as possible their symptoms and conditions, and the *rationale* of our measures and means of treatment. Besides, in this way, and without any sacrifice of dignity or propriety, we would soon teach our nurses and attendants upon the sick to become active, intelligent, interested and watchful co-laborers with ourselves in the work of cure,

instead of their being, as now, mere automatic machines for the regular administering of drugs. Moreover, we could scarcely fail, in this way, to impress upon the minds of those with whom we are brought into contact, the fact that medicine is of all the sciences the most difficult and obscure, requiring in its followers not only the highest order of observing and reasoning intellect, but also the utmost thoroughness of preparatory culture.

And finally, gentlemen, it is scarcely necessary to say to you, that it is only by maintaining for ourselves the highest possible standard of education and morality, that we can any of us hope to exert any influence whatever upon the public mind for good, either in the suppression of quackery and the elevation of the profession in the public confidence, or even in retaining for it its present position in the popular regard.

This necessity is so obvious as to need no extended remark, and with the constant increase of knowledge among the people, is daily becoming more and more positive and urgent. An ignorant practitioner is always, and under all circumstances, a disgrace to his profession; and in an intelligent community he is sure ultimately to become an object of contempt. But in view of the sacred character of the relations that he sustains to his patients and patrons, the physician who does not at all times recognize the supremacy of conscience, is simply a moral monstrosity.

We cannot all become eminent in our profession, perhaps, nor leaders in the work of medical progress and reform. Talent is a natural endowment; and there is a limit to mental development in every person, beyond which he cannot go. But we may all of us at least become earnest, industrious, and conscientious students and co-laborers in the field. Above all, we may all of us be the masters of our own morals. We

may all of us make truth our aim, and the love of truth the guiding principle of our lives. And "under its direction," to borrow the language of one of our eldest and most honored Fellows, "the humblest mental powers will be often led to right intellectual apprehensions: without it, the most brilliant genius will as often, by its own inspirations, be seduced into dangerous error."*

* S. H. Pennington, M. D., Annual Address before the Society, May 8th, 1849.

ESSAY.

Diseases Prevalent in the Valley of the Delaware.

BY G. H. LARISON.

"Diseases Prevalent in the Valley of the Delaware" is the subject I have selected for this occasion. My theme belongs to that department of the science of Medicine that treats of the manner, and endeavors to investigate the conditions under which diseases in general are distributed, but more especially as they are confined to certain districts. Plants and animals vary in their physiological conditions according to different degrees of latitude, or with the difference of equal temperature and moisture north and south of the equator. So do the pathological characters of disease differ among the different races of men, as they are distributed over the earth.

The geographical limits of particular diseases are to an extent explained by meteorology and climatology, and their distribution regulated according to atmospheric temperature, and moisture, the electricity, and density of the air, and the vegetation with which they are surrounded. These causes aid to determine some of the laws by which diseases may be geographically distributed; but the special diseases of countries have other concurrent causes which also must be taken into account: such as the geological structure and elevation of the soil, the topographical situation, and condition of veg-

etation, or what is termed *physical climate*, by the habits of the people, their personal hygiene and general sanitary arrangements—all of which aid to stamp the diseases of certain countries or localities with a special character, and facilitate or retard their rise and progress.

Hygeology, practical medicine, natural science and political economy, all have their basis constituted as embraced in these topics—a knowledge of which is of inestimable value to man as he migrates to a country or locality in which he intends to reside.

The field of my observation here is the Valley of the Delaware, from the head of tide-water at Trenton to the great cut through the Blue Ridge or Delaware Water-Gap, a distance of over seventy-five miles, embracing one of the finest valleys coursed by a river on the Continent.

The course of the river from the Gap in the Blue Ridge to tide-water is southeast, with few slight variations. There are several tributaries flowing into the Delaware between the two points above mentioned, principally into the upper half. The largest and most important are the Lehigh, Paulinskill, Pequest, Pohatcong, Musconnetcong and Tohickon. From the entrance of the latter to the tide, a distance of thirty miles, the streams terminating are all small, as the tributaries of the Raritan and Neshomong, on either side of the Valley, drain the country a distance of from four to seven miles of the Delaware.

Along the line of the river on each side, the elevations begin either immediate or at varied distances, from a few rods to a mile, rising gradually, except at hilly points, and stretching away from one to three miles to a corresponding height with the level of the surface of the surrounding country. At Trenton, the average is about eighty feet, and uniformly increases in a distance of eleven miles above, to double that

amount, where, on account of a range of hills running at right-angles with the river, the mean elevation takes such proportions as to overlook the country to the south, and increasing north, so that in a distance of five miles further, in the vicinity of Lambertville, the mean average of the surroundings is four hundred and fifteen feet, at a distance from one to three miles from the river, and like proportions to this place, characterize quite all the upper part of the valley.

The geological formations found in this valley are of the Azoic, Pelezoic and Triassic ages. The two former include the upper portion of the valley, from the Blue Ridge to the Musconnetcong Creek, where the country abounds in iron ore, limestone, &c., while the lower part of the valley is of a later formation, and is underlaid by the red sandstone and trap rocks that are common to the central part of the State.

The soil throughout the extent of the valley is nearly all arable, save a few abrupt endings of hills, as they would seem to cross the river at right angles. Along the bed of the river, in many places, is deposited a recent formation of drift, affording some of the finest farming land. In the northern portion of the valley, the hills that range up from the river contain a fine quality of limestone and much good land, and in the southern portion, the red shale soils, all of which are in a high state of cultivation, afford bountiful crops to the owners, while to the traveler it presents a constant succession of pleasing, and in many places, beautiful scenery.

The population embraced within the limits of this field is quite as dense as any other possessing similar advantages, and is quite equally distributed throughout. Leaving out of the computation the cities and towns, it will average ninety four inhabitants to the square mile, and with that of the cities and towns added, would much more than double the number,

and compute over two hundred inhabitants to every square mile embraced.

The cities of Trenton, Lambertville, Easton and Phillipsburg contain within their limits alone over fifty thousand inhabitants, while the towns of Morrisville, Yardleyville, New Hope, Stockton, Frenchtown, Milford and Belvidere will average each over one thousand population. The occupation of the rural inhabitants is principally agriculture, and in the cities manufactures.

Among the improvements in this valley is the Delaware division of the Pennsylvania Canal, from Easton down the Delaware to Bristol, and on the opposite side of the river, from Bool's Island to Trenton, a distance of twenty-five miles, is the feeder, and a part of the Delaware and Raritan Canal, not omitting that the Morris Canal, with the Lehigh, each have their terminations respectively at Easton and Phillipsburg. The Delaware-Belvidere Railroad, connecting Philadelphia with the Lakes and Canada, runs direct through this valley, while at other points several railroads connecting New York with the west, cross the river at right angles.

In order to more fully understand diseases as they prevail in this important valley, I have thought best to divide or classify them as follows: zymoses, phlegmesiæ, cachexiæ, neuroses and ataxiæ, and to give the important prevailing diseases of each class as they have come to notice, omitting the more trival, of less frequent occurrence.

The first in order will be those classed under the head of zymotic diseases, or such as are produced by morbid poison, a small quantity of which entering the blood produces in that fluid a peculiar change, which is analogous to that of fermentation. These poisons may have their origin either in a vegetable or animal source, and are distinguished by their mode of incubation and development, having a period of latency

peculiar to each form, between the exposure to the poison, and accession of the disease.

These diseases are generally endemic or epidemic, eruptive contagious, and contagious not eruptive; and under these heads will be noticed the forms of each disease as they have occurred.

The "malarial endemic:" Intermittent and remittent fevers; the generally epidemic: typhoid, typhus, cerebro-spinal and puerpural fevers; erysipelas, cholera, dysentery, influenza and diphtheria. The eruptive contagious: variola, varioloid, varicella, measles, and scarlatina; and the non-eruptive contagious are parotitis and pertussis.

Intermittent fever has appeared in one or more localities in this valley about every year, but as the forests are fast being removed, swamps and marshes drained, and the soil worked to a high state of cultivation, this disease has appeared, in proportion, less frequent, and in a milder form. For the past fifteen years it has seldom been found, except in particular localities, and then readily traced to its usual prevailing causes, many of which are being annually removed. The years 1858, 1862–65–70 gave rise to more cases than usual, all of a mild form, yielding readily to treatment.

The localities in which this disease has been found to prevail the most the last ten years, are Morrisville, Yardleyville, Greensburg, the banks of the Pequest and Paulinskill, and nearly all along the line of the Delaware division of the Pennsylvania Canal. The first three named places have their low grounds and marshes; the two streams running into the Delaware run through large tracts containing thousands of acres of slough and meadow-land, and, of course, after a heavy rain, which causes them to overflow their banks, by means of which malarial sediment is brought down from these meadows, and a portion deposited along the banks, where the light, heat

and moisture of summer and autumnal months aid in preparing this pernicious material to do the effectual work in supplying morbid poison for the blood.

In this canal the current of water is so sluggish that it resembles a stagnant pool, containing not only the material common to the water that supplies it, but the refuse of the many thousands that either inhabit its boats as a floating population, or of the filthy that live on its banks. The inhabitants of the cities, towns, and of the greater portion of the valley, save those mentioned, are almost wholly exempt from this disease, and the causes that give rise to it.

"One remedy in this disease overshadows all others, cinchonism." By this is meant the production of the constitutional impression of cinchonia bark, or one of its essential constituents, and rarely fails in producing the desired effect.

Remittent fever, in its forms, is found in the valley in about the same places, and traced to like causes as intermittent, and seems to have been controlled in its prevalence by the continued improvements in removing the malarial causes. Prior to constructing the canals which extend through the lower portion of the valley, on either side of the river, this disease raged to a fearful extent, and even at the time of the excavation, and for some time after, but since has almost yearly grown less. Dr. J. C. Johnson, of Blairstown, in his report to this Society for the year 1865, gives an interesting account of this disease as it prevailed in the upper portion of the valley and along the tributaries of the Delaware in that region. Dr. Samuel S. Clark, of Belvidere, informs me that since 1865 this disease in this locality has scarcely appeared. The same year, a number of cases were treated in the vicinity of Frenchtown, and a few at Lambertville and New Hope, as had been two years previous. In the vicinity of Greensburg, Yardleyville and Morrisville, this fever occurs as the autumnal disease,

though to no great extent, even in severity of form. A few cases are found along the line of the Delaware division of the Pennsylvania Canal nearly every autumn. In Trenton there are few cases found. Dr. A. W. Armitage, of Woodsville, whose practice extends over a portion of the line of the Mercer and Somerset Railroad, now in course of construction, from the Delaware River to Millstone, gives an account of a number of cases that he treated near the excavations made for that road the year previous. He says, during the months of August, September and October last, remittent fever prevailed to the southeast of Woodsville, in the vicinity of Hopewell, and in several families from one to four persons fell victims to the disease. The remedies used were stimulants, tonics and anti-periodics, as the symptoms were of a typhoid type, and nearly all recovering after a course of three or four weeks.

There have been found a few cases at times that seemed to be of the so-called typho-malarial form, but I am not aware that sufficient evidence has been brought forward to substantiate the fact, as this disease is described by Surgeon J. J. Woodward, U. S. A., in some of his writings on malarial fevers. In the treatment of remittent fever we have found no certain specific, but invariably treat symptoms, which generally call for tonics and anti-periodics. Hydg. chlord. mit., in many cases at the outbreak, where the liver and other glands seem torpid, is well borne with good results; and quinia. sulph., or some of the barks, is not by any means to be over-looked.

Typhoid fever, or that form of disease bearing its symptoms, having about as many names as the number of localities in which it prevails, has made its casual appearance through the valley, and for years past has not been epidemic. Some cases have been treated in the malarial regions of the Paulinskill and Pequest, when other fevers were rife.

In the autumn of 1865, about a dozen cases were treated in Lambertville, of a grave type, five of which died about the fifteenth day after the attack. It slightly appeared here again the next season, but in a milder form. Since then there have been but few cases, perhaps three or four treated in a population of over eight thousand in this place and vicinity. At Greensburg it is an annual visitor, and, like the other fevers that have a malarial origin, promises to continue as long as the marsh and other stagnant waters common to the cause of producing malaria, are left undrained, as these are the sources from which health is impaired, and, too often, life lost.

Typhus fever, or a disease having all its peculiarities, appeared in the lower part of the valley in the winter and spring of 1865, among the negroes, and with them seemed to propagate itself by infection, as many of their number, who were acting as nurses, took the ailment, which in nearly every case proved fatal. I know of no cases occurring among the white population, and give as a reason for its not attacking them, that they kept away from the disease as much as possible. Seven cases came under my immediate charge, with symptoms which appeared to run the same course, and terminating in death from the sixth to the ninth day.

The symptoms and course of this disease, as far as I saw it, were lassitude, prostration, drowsiness, dry brown furred tongue, almost from the outset, followed by coma, pulse 120 to 140, very feeble, with intense fever, and by the end of the fourth day, inability to protrude the tongue, or even swallow. In Lambertville and vicinity, more than half of the adult colored population were carried away by this disease, as it seemed disposed to attack the robust and middle aged.

For the encouragement of the opposite sex, it is safe to say that in this valley puerpural fever is almost unknown; a few practitioners have seldom met with it, and the disease does

not seem disposed to propagate itself by ordinary transmission.

Cerebro-spinal fever, or meningitis, sometimes called spotted fever, or malignant purpuric fever, has in a few places shown itself in its varied forms. A few cases appeared in Lambertville in 1865, which came under my charge, with one death in forty hours after the attack. There have been a few scattering cases from time to time, of a sporadic character, some of which were fatal very early in their course; one of which I will give as an illustration. I was called to see the case in consultation about four weeks since, patient male, aged 23 years, full habits, taken with chill, pain in the head, extending to the back of the neck, nausea and vomiting followed by delirium and tetanic spasms of the muscles of the back and even limbs, sight and hearing seemed to be deficient, tongue rather white and moist, bowels natural, pulse accelerated, skin dry, fixed in an opisthotonic condition with considerable subsultus tendinum. This being the fourth day after the attack, nearly the whole region of the spine having been blistered, tonic and anti-periodic remedies given, but all of no account, as he died at the end of the next twenty-four hours, or the fifth day after the attack.

In examining the locality, which was in Upper Wakefield Township, Bucks County, Pa., I found the house situated near the bank of a small creek three miles from its entrance into the Delaware; the country all around is beautiful and rolling, and underlaid with red sandstone of the Triassic age, which time has here reduced on its surface to the finest and most productive red shale soil. I learned after inquiry that the neighborhood was generally healthy, except the families that lived along the creek where typhoid fever had visited them in former years. This was the only marked case of cerebro-spinal fever in that locality.

Cholera in its travels has not omitted to pass us by without visitation, but happily its stay was not of long duration. Since 1832 it has appeared but twice; the latter attack was severe, appearing first at Black's Eddy with many fatal cases. It took its course down the valley, and several fell victims to it at Lambertville and Trenton, many of whom recovered after early and prompt treatment.

Erysipelas prevails elsewhere much more than in this valley, as we learn from our neighboring practitioners, on both sides of the valley, on the head waters of the Raritan and Neshaminy, who admit an average of more and severer cases than we are called to treat, some of which I have seen in consultation. There is no place in the valley exempt from it, nor any locality that has been severely attacked, and the few isolated cases that usually appear, if at all, are generally found in the winter and spring months.

Dysentery, in all its forms, has been at times found in the more malarial portions of the valley, of which no real epidemic occurred. The nearest approach to it was an outbreak of several cases in Frenchtown and vicinity, in June, July and August last. Says Dr. E. K. Deemy of that place: "I had a number of cases in my practice, three of which proved fatal from the tenth to the fifteenth day after the attack: two males and one female, all past middle age. In these fatal cases the inflammation at once invaded the small intestines and stomach. The treatment I found to be most beneficial was opium, sub-nit. bismuth, ipecac, stimulants, counter irritants and a nourishing diet; and in the favorable cases convalescence commenced from the fourteenth to the twenty-first day."

A few cases were treated at Stockton in August and September, 1865, some of which proved fatal about the tenth day.

Strange as it may seem, epidemics have prevailed fearfully, each side of the valley, while in it scarcely a case was seen, even in a mild form. In the year 1865 an epidemic broke out in July and continued until frost in the vicinity of New Market, where appeared over fifty cases, of which about one-third were fatal. It seemed to be endemic, of the asthenic type. Several neighboring physicians were called in consultation, and even to take charge of new cases—two of which fell to my lot; one recovering after the fifteenth day, and the other, past seventy years of age, proved fatal. As a whole we seemed to exhaust the materia medica for remedies, but the grave cases were almost sure to result in death. This locality is six miles east of Lambertville, and four hundred feet above the level of the Delaware, and is drained by one of the branches of the Raritan, in which is an old mill-pond, a dilapidated tannery and vats, generating malaria, which in my opinion was a slaughter-house of sufficient magnitude to have killed the whole settlement, had light heat and moisture continued until Christmas.

Dr. Lloyd, of Yardleyville, whose practice takes in Greensburg, which is quite as much given to malaria as any locality in the valley, says but few cases appear in his practice, while at Newtown, five miles west on one of the branches of the Neshaminy, about 270 feet above the level of the Delaware, it has within the last few years raged fearfully.

Influenza, or epidemic catarrh, is not found here as severe as in some other localities, though we are not exempt from it. Few have suffered with it severely; and less have proved fatal.

Diphtheria made its first noted appearance in the valley in 1860, where it continued from August until the next March. No one place suffered from it more than another, except Lambertville, where about forty-five cases were treated, one-third

of which were fatal. The type of the disease was disposed to be malignant; more diseases occurring among females than males, whose ages averaged from five to fifteen years. The fatal cases terminated from the fourth to the ninth day of the attack.

In 1862 it again appeared at Trenton, and more marked as an epidemic. At Yardleyville, when in the malignant form, it prevailed to a fearful extent. In some families, as in the case of Dr. Lloyd, all the children were lost.

Dr. L. attributes the prevalence of the disease in that locality to malaria, generated from the sediment deposited by the freshet of June, 1862, as the Delaware for a few miles along by this place runs slow and deep, giving all possible opportunity for precipitation of the refuse that is usually carried in its current from above. Isolated cases have been treated occasionally since, with a few deaths; but lately this disease seems to have disappeared.

Of the eruptive contagious diseases we have our share, as facilities of travel are direct with Philadelphia and New York.

Small-pox appeared early in January, 1864, but was confined principally to Trenton, Lambertville, Easton and Phillipsburg. In Lambertville and vicinity there were about 170 cases, of which I treated the first case January 15, and made my last visit to the last case April 15, 1865, a period of fifteen months, during which time I treated ninety-nine cases; and at no time during the fifteen months was I for two weeks without one or more cases under treatment. Forty-three were genuine small-pox; twenty-two confluent, three malignant, and the remaining thirty were modified or varioloid; four of this whole number were fatal. This was about an average of the disease in the above-named places during the same time. From then until last August scarcely a case was seen in the

valley; but since it has been diffused from Trenton, and still continues to exist, and is also of a more malignant type than in 1864–65.

Varicella is common to all the children, but mild in its form.

Measles made their appearance for the first time in seven years past, in December, 1863, and as there were many young yet unprotected, it swept over the field in its usual form—save a few complicated cases—with pneumonia, of which nearly half died. Since then it has appeared occasionally, and even the past winter became quite prevalent in the lower part of the valley; more particularly at Titusville, and in the neighborhood of Pennington.

Scarlatina, the most fearful of the contagious diseases, spread over the lower part of this field in 1864. It seemed to be epidemic, confined to children from three to seven years old. In my practice I treated over fifty cases, in all its forms, with but one death, an adult. The sequel of many cases was dropsy, about the end of the second week, from convalescence. As it appeared in my practice, I reported the following year to this Society.

At Frenchtown there have been three slight epidemics within the last six years. The disease also prevailed to a more or less extent at Milford. And at present several cases have appeared of the simpler form. Dr. C. H. Sproul, of Stockton, reports the same of the disease in that place. This ailment appeared in Lambertville in December last, and still goes on, but is now somewhat abated. It is principally confined to the upper portion of the city—in the upper half of the Second Ward—while in the First and Third Wards rarely a case is seen. Dr. T. H. Studdiford and myself have treated over three hundred cases in about four months past, out of a population of 1,300, and nearly all in this locality. It seems

to be greatly infectious in its character, as nurses and those who are more closely in contact with the worst cases, are quite sure to take it in from four to six days, without respect to age. It is principally of the anginose form, with suppurating tonsils, covered by pseudo-membranous deposit of a white or gray color, sometimes brown. A few cases were malignant, and death followed the attack either on the second, third or fourth day.

I would here say, in connection with this locality, that other diseases have been more frequent in occurrence, graver in their nature, and more fatal in this place, than in any other part of the city or its surroundings. The situation is on a level with the other part of the city, except a gradual rise of from one to ten feet, and is generally admitted to be the preferred part of the place; insomuch that about thirteen years ago it was laid out into lots, put into market, and since built up with good houses of wood and brick, with slate roofs and cisterns of brick, from which the inhabitants get principally their supply of drinking water. The soil, like the other part of the city, is a deposit of drift, about twenty feet deep, on red sandstone of the Triassic formation; and my investigations lead me to conclude that drinking cistern water in the sickly district, and well water from the red sandstone below in the more healthy districts, is a cause in part for the difference. As to this disease in the upper part of the valley, Dr. Samuel S. Clark, of Belvidere, says he has not known ten cases of scarlatina to have prevailed in that place for ten years, and the surroundings quite as free from it.

Contagious, not eruptive, diseases, such as parotitis and pertussis, are almost annual visitors.

Having given an account of the prevalence of zymotic diseases which have prevailed here, I will next notice briefly such as have appeared under the head of Phlegmasia, and as

such, first, Laryngitis, which I am happy to say is not common to this field. Acute cases have been treated successfully, and a very few become chronic, with ulceration, ending in phthisis.

Tracheitis (croup) an acute cynanche or angina is found as sporadic. It may happen that a practitioner may go a year without seeing a case, and in a short time may have to treat half a dozen or more. It is usually found in the winter months, in its mild form, and no locality is really exempt from it. A few of the cases are membranous, nearly half of which recover if treated heroically at the outset.

Bronchitis, more or less severe in its character, prevails, being generally distributed. It yields usually to calomel, antimony, ipecac, carb. ammon., and quinin. sulph. In the predisposed a few cases become chronic and form phthisis. Pneumonia is general throughout the valley—less from Easton up through Belvidere to the Water Gap. In the winter of 1862–63 it was rather epidemic in Trenton, Yardleyville, New Hope, Lambertville, Frenchtown, with several cases at Phillipsburg and Easton, in both the minor and adult population. It was generally single, confined to one lobe, reaching its height from the fifth to the seventh day; yielding to antimony, ipecac, verat viride and blisters, with care in selecting stimulants and tonics, and even antiperiodics in cases requiring it.

Yardleyville was given over to it annually in the winter months, for six successive years after the June freshet of 1862, in quite an epidemic form.

I find no more nor severer cases in the valley than on the hills four hundred feet above, and generally if I have a case, either high or low, I am very apt to have others in the same neighborhood. From the typhoid form we are quite exempt. The disease appears almost every year at one time or another,

and at different places; severe, but usually terminating favorably.

Pleurisy, like the last-mentioned disease, visits the same localities, but is seen less frequent in a milder form. Altitude seems to have no influence upon it, as I have found it in the same proportion either high or low. When the practitioner is called in early he can often "nip it in the bud." Calomel, tartar emetic, cups, leeches, blistering and the lancet must not be lost sight of when the case requires.

Endo and Peri-carditis are not so much inclined to annoy us as our neighbors, where the drainage of the soil is less.

Tonsilitis is not unfrequent, but is principally confined to the predisposed, and yields readily to simple remedies.

We find occasionally cases of Gastritis; but in the acute form is very rare. The most common form is "idiopathic" gastric inflammation, gastro-hepatic catarrh, or a bilious attack, in which the stomach, duodenum and liver are all somewhat involved.

Peritonitis is among the rare diseases of this valley, though a few cases have been treated of a grave form, and even resulting in death.

Idiopathic-emeto-catharsis, better known as cholera-morbus, goes its rounds with the careless in warm weather, and is often looked upon as an uncalled-for ailment, and a reminder to correct habits of eating and drinking.

Cholera-infantum is more particularly confined to our cities, and is not a disease that finds our surroundings in its favor. It is usually mild, and yields readily to treatment. At Trenton, and even as far up as Lambertville, it is seen in its season. But few real cases appear further up the valley.

Diseases under the head of Cachexia will be briefly noticed as they have appeared;—the first of which is rheumatism in its acute and chronic form. In the acute form it is oftener

seen in the spring months, and few cases appear at any other season, but my experience is, that a greater number of cases occur yearly with those out of the valley.

On the east side of my practice, at the head-waters of the Raritan, in altitude of over 300 feet, Dr. C. W. Larison of Ringoes, finds annually, in the months of February and March, four times as many cases of this disease, out of the same number on the sick list with myself, or any other practitioner in the valley; and the same proportion will hold good as far as I have investigated with all my neighbors above.

As to Gout nothing need be said. The habits and disposition of our population are above suspicion, and the distant invalid sufferer often finds relief by spending his summer months in this refreshing locality.

Bright's disease, Lithiasis and Diabetes, Insipidus and Mellitus, are not common to us, though a few cases are treated.

Phthisis Pulmonalis is found here as well as elsewhere. After passing up the valley, above the lower third, a few cases are seen, and many invalids find a healthful resort in this section; especially on the heights up from the valley, particularly in the upper third, from Phillipsburg and Easton to the Water-Gap.

Strange as it may seem, there has been over thirty cases of this disease in Lambertville during the past three years, but at this time I know of no cases as in former years. It has created in the minds of some a disposition to believe that there was a cause in the locality, but investigation proved that many had contracted the disease elsewhere, and others with its hereditary taint, is proof that it was in the individual and not in the place. A group of isolated cases, at a given time only, will not establish the fact that a place is given over to a malady;—the same of which was said of Bethlehem,

Pa., a few years since, where the disease is now seldom seen.

Other diseases under the head of Cachexia, such as cancer, goitre, cysts and tumors, with other degenerations, are found among the predisposed and careless.

Neurosis, or nervous diseases, are found in common with the aged and infirm. Paralysis in the palsied forms remains as a reserve force to extinguish life in the aged, who have not fallen victims to premature death by other maladies; and with it few suffer here before their time.

Under the head of Neurosis are a catalogue of names; but suffice to say, we have no more than our share: and with precaution escape with less.

Ataxæ (unclassified diseases), such as hemorrhages, acites, jaundice, dyspepsia, colic, diarrhea and worms, are all afflictions that some fall heir to, and it would be worse than useless for me in this short essay to burthen your attention with a detailed account of minor diseases, of which others loathe to suffer.

HISTORY

OF THE

DISTRICT MEDICAL SOCIETY

FOR THE COUNTY OF HUNTERDON,

From its Organization in 1821 *to the Annual Meeting in* 1871;

TOGETHER WITH

THE MEDICAL HISTORY OF THE COUNTY,

(As its Boundaries now exist), from its first settlement to the present time, 1872,

BY JOHN BLANE, M. D.,

HISTORIAN TO SAID SOCIETY, FELLOW OF THE MEDICAL SOCIETY OF NEW JERSEY, AND MEMBER OF THE AMERICAN MEDICAL ASSOCIATION.

To the District Medical Society for the County of Hunterdon:

In my endeavors to comply with your wishes in the appointment made two years ago, I hereby REPORT: That I was right in soliciting you to appoint some one younger and abler to perform the duties of your historian, as the lateness of this report, although made at as early an hour as my feeble health would admit of, proves. Besides, having a little foretaste of such work, I, as you know, took hold of the work very reluctantly, and only upon your promise to aid and assist me individually in reclaiming from oblivion the memory of our former brethren in the profession. About my experience in such matters, many of you will recollect that when we were about to celebrate the centennial anniversary of the Medical Society of New Jersey, the standing committee issued circulars soliciting "any historical facts which might prove inter-

esting in this centennial report,"—one of which was addressed to me,—and in endeavoring to fulfil what was asked of me, I wrote as my share of that report what may be found in the transactions of that year, from page 233 to page 246, inclusive,—much of it from my own knowledge, but in regard to the older members of the profession, I had to rely for some things on others. I sought what I then considered the best authority living, and embodied their information in my report, some of which proves not to be as reported—to my chagrin and mortification, every time I read or think of it. As I will never have a better opportunity of correcting the errors there so inadvertently committed than now, turn to page 241, instead of what is there said about Dr. Campbell, read that he lived in Kingwood and died in 1818; and instead of Dr. McGill dying in 1818 his tomb says 1815 (and I now believe they are good authorities on dates); and as regards what is said about Dr. Harris: instead of his being dead, he is still living in Belvidere in good health, and is, as you all know, one of our honorary members.

These facts opened my eyes to the difficulty of the undertaking, and I determined not to be caught so again.

History is only valuable for the truth it tells, and I shall endeavor to make it reliable, although I am fully aware of the difficulties of the task. Had this been begun some years ago, many facts might have been gathered up and saved that are now wasted, and the remainder growing less every day.

"We have no lease of life."

I therefore hasten to my task without delay.

THE HISTORY

OF THE

DISTRICT MEDICAL SOCIETY

FOR THE COUNTY OF HUNTERDON.

In reply to a letter written by me to Dr. William Pierson, Jr., recording Secretary of the Medical Society of New Jersey, I received the following:

JOHN BLANE, M. D.

Dear Doctor: In reply to yours, received this evening, I would say, that in the record of the annual meeting of the Medical Society of New Jersey, held at New Brunswick May the 3d, 1821, I find the following minute:

"On application for authority to form a Medical Society in the County of Hunterdon:

Resolved, That Nicholas Belville, Jno. McKelway, James T. Clark, Joseph Phillips, Wm. Johnson, Henry Poole, Wm. P. Clark, John Bowne, Wm. Geary, Henry S. Harris, Jno. A. Kendry, Henry H. Schenck and E. Porter be authorized to meet at Flemington on the 2d Tuesday of June next, at 10 o'clock A. M., and there to organize a District Medical Society, according to the act of incorporation, and that the recording Secretary furnish, when organized, the said society with twenty-five copies of the By-laws of this Society."

Yours, respectfully,

WM. PIERSON, JR.

Agreeably to the foregoing authority, ten of those therein named appeared and took their seats in the meeting held in Flemington, on the 12th day of June, 1821, namely: Doctors John McKelway, J. T. Clark, Joseph Phillips, Wm. Johnson,

Henry B. Poole, Wm. P. Clark, John Bowne, Henry S. Harris, Henry H. Schenck, and Edmund Porter (leaving absent three, namely, Doctors Nicholas Belville, William Geary, and John A. Kendry), who, having fulfilled the requirements of the commission and organized pro tempore, proceeded to the admission of Doctors John Sloan, John Lilly, Oliver W. Ogden, William Barnett, Isaac Ogden, and Henry Holcombe, who were then present,

And proceeded to the election of officers, which resulted as follows:

Doctors Nicholas Belville, *President.*
William Johnson, *Vice-President.*
Henry B. Poole, *Secretary.*
John Bowne, *Treasurer.*

The following constituted the committee appointed to draft a constitution and by-laws for the Society, namely:

Doctors Wm. P. Clark,
John McKelway,
John Bowne,
Doctors John Lilly,
John Sloan,
Henry B. Poole.

Which duty having been performed by them, this Society took its place as the youngest one of the sisterhood, with nineteen members, among the district societies, which at that time consisted of those of Essex, formed in 1816; Monmouth, in 1816; Middlesex, in 1817; Cumberland, in 1818; Gloucester in 1818; Morris, ; and Somerset, in 1816.

The new Society appears to have been cordially received by the parent Society, and the next year (1822) one of the members (Henry B. Poole) was elected their third vice-president, and in 1823 Wm. Johnson, of Whitehouse, was elected third vice-president of that Society. His name appears as Jacob Johnson, being a mistake. The parent Society ap-

pointed boards of censors who acted regularly. The first was Drs. John McKelway, John Lilly, Wm. P. Clark, and Henry B. Poole, who, at the semi-annual meeting on 22d October, received their first application in the person of John B. Price (a student of Dr. Johnson's) for examination, which was satisfactory, and certificate granted accordingly: he afterward becoming a member, May, 1823.

The Society progressed favorably until the semi-annual meeting of 1828, admitting members 23d October, 1823, John F. Schenck; 4th May, 1824, Israel L. Coriell, and same time W. A. A. Hunt, by certificate, from District Medical Society of Somerset County; 3d May, 1825, G. W. Case; 2d May, 1826, David P. Hunt; 1st May, 1827, John Honeyman; and 27th April, 1828, Merrill Whitney Williams;—when your historian (having removed into the county in January, 1828, and entered into business with his friend Dr. W. A. A. Hunt, of Clarksville), carrying with him a letter of introduction from Dr. Hunt, and a proposition for membership, came before the Society 21st October, 1828, being its semi-annual meeting, when no quorum appeared they adjourned, and called an extra meeting, 29th October, 1828, when a bare quorum was present, namely, Doctors John Honeyman, President, Morrill Whitney Williams, Vice-President, Henry Holcombe, Treasurer, John F. Schenck, Secretary, one other member present, Dr. John Bowne—who merely called the roll, read the minutes of the last annual meeting: Dr. Henry Holcombe appointed to read a dissertation at the next *stated* meeting, and on motion made and seconded, the Society adjourned to meet at the house of Thomas Alexander, in Flemington, on *Tuesday, 28th October*, 1829; thus completely ignoring the by-laws and constitution of the Society, which required an annual meeting: and if no annual meeting, why a semi-annual one? If there be no principal there can be no accessory;

thus, so far as their action went, completely paralyzing the Society; and that, too, at a time when it was in such prosperous condition, having in what constitutes our present county at the time, eighteen practitioners of medicine, namely, Doctors William Johnson, John Bowne, John Lilly, O. W. Ogden, William Geary, Henry Holcombe, J. F. Schenck, Israel L. Coriell, W. A. A. Hunt, John Honeyman, Merrill W. Williams and Henry S. Harris, who were members of the Society, and Hugh Hughes, John McGloughen, John Manners, Josiah Quinby, Charles B. Ferguson, and John Blane, the youngest one in the profession, not members of the Society, but the last one named knocking at the door for admittance. Two-thirds of the active members of the profession belonging to the Society is as large or better proportion as existed in most of our district Societies at that time, and will compare very favorably with the several district societies of our State at any time. But notwithstanding all these favoring circumstances, it retired to the shade—was bushed, as harvesters used to say—much to the chagrin of some of its members, the writer particularly, and remained so, notwithstanding many public printed invitations to them to resume their duties, until A.D. 1835, when Drs. John Blane, John Honeyman, William Johnson, John F. Schenck and John Lilly applied for a commission to renew or reorganize it, which was granted at the semi-annual meeting of the Medical Society of New Jersey at Trenton, 10th November, A. D. 1835. And the commission, under the hand of Dr. Abm. P. Hageman, President, and William Pierson, Jr., Secretary of the Medical Society of New Jersey, sent to that effect—notice of which was given in public newspapers of the county.

On 3d May, 1836, the Society woke up organized anew, with Doctors William Johnson, President, John F. Schenck, Vice-President, L. R. Needham, Secretary, and John Lilly

Treasurer, and Jacob Hedges, Henry Field, J, A. Landis, Joseph Welling, John Manners, Cicero Hunt and George P. Rex were admitted. Society elected delegates to the next meeting of the Medical Society of New Jersey, Jacob Hedges, John F. Schenck, Cicero Hunt and John Blane; and passed the following: "Resolved, that the Secretary write out the by-laws at full length, and transmit the same, together with the organization of this Society and the proceedings of this meeting to the Recording Secretary of the Medical Society of New Jersey," It was likewise "Resolved, that the Secretary issue and sign certificates to be above-mentioned delegates as soon as practicable, and that they be notified to attend the next annual meeting of the Medical Society of New Jersey"—all of which was scrupulously carried out, except the attendance of the delegates. There was but one (the writer) who attended, armed with all the documents above-mentioned, which were placed in the proper hands and referred to the standing committee, which consisted of Drs. Hays, Goble and Congar, to report on the same. Other matters occupying the time of the committee and Society, report was not made that day, and I believe never has been made.

Our Society took the shady bush again, and in defiance of all intercessions and notices to meet, remained so until 1846.

All prescriptions failing, we again applied for a charter, which was granted 12th May, 1846, at the annual meeting at New Brunswick, under the hand of Robert T. Smith, President, and William Pierson, Jr., Secretary, of the Medical Society of New Jersey, to Doctors John F. Schenck, John Lilly, John Blane, Henry Southard and Benjamin Davidson, all of whom (except Dr. Davidson, and he by Dr. John Bowne) met at Flemington 14th July, 1846, and again organized by electing Dr. John Bowne, President, Dr. John Lilly, Vice-President, John F. Schenck, Treasurer, and Henry

Southard, Secretary,—since which time the Society has gone on in a progressive manner.

The roll contains ninety-four names, who have been admitted as members of the Society since its first institution, namely:

1821 June 13.. 1 Nicholas Belville.
" .. 2 John McKelway.
" .. 3 James T. Clark.
" .. 4 Joseph Phillips.
" .. 5 Wm. Johnson.
" .. 6 Henry B. Poole.
" .. 7 Wm. P. Clark.
" .. 8 John Bowne.
" .. 9 Wm. Geary.
" ..10 Henry S. Harris.
" ..11 John A. Hendry.
" ..12 Henry H. Schenck.
" ..13 Edmond Porter.
" ..14 John Slean.
" ..15 John Lilly.
" ..16 O. W. Ogden.
" ..17 Wm. Barnet.
" ..18 Isaac Ogden.
" ..19 Henry Holcomb.
1823 May 6..20 John B. Price.
Oct. 28..21 John F. Schenck.
1824 May 4..22 Israel L. Coriell.
" ..23 W. A. A. Hunt.
1825 May 3..24 G. W. Case.
1826 May 2..25 David P. Hunt.
1827 May 1..26 John Honeyman.
1828 Apr. 29..27 Merrill W. Williams
1836 May 3..28 John Blane.
" ..29 Jacob Hedges.
" ..30 Wm. Duryea.
" ..31 Lewis R. Needham.
" ..32 Henry Field.
1836 May 3..33 Joseph A. Landis.
" ..34 Joseph Welling.
" ..35 John Manners.
" ..36 Cicero Hunt.
" ..37 George P. Rex.
1846 July 14..38 Henry Southard.
" ..39 Benj'n Davidson.
1847 May 3..40 Josiah Quinby.
" ..41 Samuel Lilly.
" ..42 John H. Philips.
" ..43 Thomas E. Hunt.
Oct. 26..44 Wm. R. Hand.
1848 Oct. 24..45 Henry Race.
1849 May 1..46 Albert S. Clark.
Nov. 15..47 James Pyatt.
1850 Oct. 22..48 Justus Lessey.
1851 May 6..49 Jacob R. Ludlow.
" ..50 Abm. T. B. Van Doren.
Oct. 28..51 Wm. S. Creveling.
1852 May 4..52 Willard F. Combs.
" ..53 Henry Smith.
1853 May 3..54 Charles Bartolette.
" ..55 A. J. McKelway.
" ..56 Jas. Riley of Lambertville.
1854 May 9..57 A. H. Koon.
Oct. 25..58 I. S. Creamer.
" ..59 Simeon T. Dana.
1855 May 8..60 John Leavett.
" ..61 J. Alfred Gray.
" ..62 Henry Wagoner.

1836 May 3..63 D. W. C. Hough.
1857 Oct. 20..64 Matthias Abel.
1859 May 10..65 John Grandin.
" ..66 N. B. Boileau.
1860 May 8..67 Geo. H. Larison.
" ..68 Henry B. Nightingale.
" ..69 Alexander Barclay
1861 Oct. 29..70 John Linaberry.
1862 May 13..71 Moses D. Knight.
" ..72 Thos. M. Bartolette.
" ..73 Beriah A. Watson.
Oct. 28..74 Wm. Rice.
1864 May 10..75 C. W. Larison.
Oct. 25..76 James Hervey Studdiford.
1865 May 9..77 Irenus R. Glen.
1865 Oct. 24..78 Levi Farrow.
1865 Oct. 24..79 Geo. R. Sullivan.
1866 Oct. 23..80 Geo. T. Ribble.
" ..81 Asher Riley.
" ..82 John R. Todd.
1867 May 14..83 B. B. Matthews.
1867 Oct. 22..84 Theodore H. Studdiford.
" ..85 Obadiah Herbert Sproul.
" ..86 Charles R. Cowdie.
1868 May 12..87 George B. Young.
1869 Apl. 15..88 John Q. Bird.
1869 Oct. 19..89 Jeremiah O. Hoff.
" ..90 Charles Thompson.
" ..91 Richard Ludlow.
" ..92 Nathan Case.
1870 Apl. 19..93 Aus'n W. Armitage
1870 Oct. 18..94 A. S. Pitinger.

Of these 94, the following named have acted as Presidents and Vice-Presidents:

	Presidents.	Vice-Presidents.	Date of Election.
1	Nicholas Belville	Wm. Johnson	1821 June 12.
2	John Bowne	Wm. Johnson	1822 May 7.
3	Isaac Ogden	John Lilly	1823 May 6.
4	Wm. Johnson.	John McKelway	1824 May 4.
5	John Lilly	John Bowne	1825 May 3.
6	John McKelway	Henry B. Poole	1826 May 2.
7	Israel L. Coriell	John Honeyman	1827 May 1.
8	John Honeyman	Merrill W. Williams	1828 April 29.
9	William Johnson	John F. Schenck	1836 May 3.
10	John Bowne	John Lilly	1846 July 14.
11	John Lilly	John Blane	1847 May 3.
12	John Blane	William Johnson	1848 May 2.
13	Wm. Johnson	Wm. A. A. Hunt	1849 May 1.
14	W. A. A. Hunt	Albert S. Clark	1850 May 7.
15	Albert S. Clark	James Pyatt	1851 May 6.
16	Samuel Lilly	Thomas Edgar Hunt	1852 May 4.

	Presidents.	Vice-Presidents.	Date of Election.
17	Thomas E. Hunt	Justus Lessey	1853 May 3.
18	Justus Lessey	A. J. McKelway	1854 May 9.
19	John Blane	Albert S. Clark	1855 May 8.
20	A. S. Clark	William Johnson	1856 May 13.
21	Wm. Johnson	John F. Schenck	1857 May 12.
22	John F. Schenck	John Leavett	1859 May 10.
23	John Leavett	William S. Creveling	1860 May 8.
24	Wm. S. Creveling	H. B. Nightingale	1861 May 7.
25	H. B. Nightingale	Matthias Abel	1862 May 13.
26	Matthias Abel	Isaac S. Cramer	1863 May 12.
27	Isaac S. Cramer	J. Alfred Gray	1864 May 10.
28	J. Alfred Gray	Charles Bartolette	1865 May 9.
29	N. B. Boileau	James Hervey Studdiford	1866 May 8.
30	Jas. Hervey Studdiford	Irenus B. Glen	1867 May 7.
31	Irenus R. Glen	1st. Samuel Lilly	1868 May 12.
		2d. Cornelius W. Larison.	
32	Samuel Lilly	1st. Cornelius W. Larison.	1869 April 15.
		2d. Matthias Abel	
33	Cornelius W. Larison	1st. Matthias Abel	1870 April 19.
		2d. Wm. S. Creveling	
34	Matthias Abel	1st. Wm. S. Creveling	1871 April 18.
		2d. Moses D. Knight.	

And the following have acted as Secretaries:

The first Secretary was Henry B. Poole, a very efficient officer, elected 21 June, 1821, who acted until the election of (2d) John F. Schenck, 2d May, 1826. The next was (3d) Lewis R. Needham, elected 3d May, 1836; then (4th) Henry Southard, elected 14th July, 1846. It then fell to (5th) Samuel Lilly, elected 3d May, 1847. Then (6th) J. R. Ludlow, elected 6th May, 1851, who, removing from the county, was succeeded by (7th) Willard F. Combs, 4th May, 1852, who dying while in office, left the choice to (8th) J. Alfred Gray, elected 8th May, 1855. (9th) I. S. Cramer succeeded him, elected 10th May, 1859. (10th) H. B. Nightingale was elected 12th May, 1863. (11th) George H. Larison was elected 10th May, 1864; and lastly, (12th) Obadiah Herbert Sproul, elected 18th April, 1871.

Of Treasurers we have had:

(1st) John Bowne, elected 12th June, 1821; (2d) Wm. P. Clark, 7th May, 1822; (3d) Henry Holcombe, elected 4th May, 1824; (4th) John Lilly, elect-

ed 3d May, 1836; (5th) John F. Schenck, elected 14th July, 1846; (6th) George P. Rex, elected 7th May, 1850; (7th) John F. Schenck, elected 8th May, 1855; and the eighth and present one, John Blane, elected 10th May, 1859.

Of Boards of Censors we have had:

1821 John Bowne, John Lilly, H. B. Poole, H. S. Harris.
1822 John McKelway, John Lilly, William P. Clark, H. B. Poole.
1823 John McKelway, J. Lilly, H. B. Poole, William Johnson.
1824 John Bowne, J. McKelway, H. B. Poole, John Lilly.
1825 John Bowne, Henry B. Poole, John A. Hendry, H. Holcombe.
1826 John McKelway, H. B. Poole, Wm. Johnson, John Bowne, J. Lilly.
1827 J. Bowne, J. Lilly, Wm. Johnson, J. F. Schenck, Israel L. Corriell.
1828 J. Bowne, J. Lilly, Wm. Johnson, J. F. Schenck.
1847 J. Lilly, Wm. Johnson, John Blane, Henry Southard.
1848 J. Lilly, Wm. Johnson, J. F. Schenck, G. P. Rex.
1849 Samuel Lilly, G. P. Rex, J. F. Schenck, J. Blane—to whom were added by the Society, J. H. Phillips of Mercer, and H. Southard of Somerset.
1850 Samuel Lilly, G. P. Rex, John Blane, A. S. Clark.
1851 Wm. Johnson, J. Blane, G. P. Rex, S. Lilly, and by invitation, J. R. Ludlow, of Somerset.
1852 Wm. Johnson, G. P. Rex, John Blane, Samuel Lilly.
1853 J. Blane, G. P. Rex, A. S. Clark, S. Lilly, to whom were added by the Society, Henry Smith of Somerset, and William Johnson.
1854 Wm. Johnson, Charles Bartolette, Wm. S. Creveling, John Blane.
1855 A. S. Clark, Wm. S. Creveling, I. S. Cramer, J. Blane.
1856 J. A. Gray, Wm. Johnson, J. Blane, A. H. Koon.
1857 J. A. Gray, Wm. Johnson, J. Blane, S. Lilly.
1858 Wm. Johnson, J. F. Schenck, J. A. Gray, J. Blane.
1859 Wm. Johnson, J. A. Gray, I. S. Cramer, Wm. S. Creveling.
1860 J. Blane, John Leavett, I. S. Cramer, J. F. Schenck.
1861 J. Blane, Wm. Johnson, Wm. S. Creveling, John F. Schenck.
1862 H. B. Nightingale, N. B. Boileau, J. Blane, Matthias Abel.
1863 G. H. Larison, I. S. Cramer, Wm. S. Creveling, John S. Linaberry.
1864 N. B. Boileau, M. Abel, Wm. Johnson, J. Blane.
1865 N. B. Boileau, M. Abel, Wm. Johnson, J. Blane—who, in the performance of their duties, rejected several, their examinations not proving satisfactory.

The examinations of the following gentlemen being had, namely—

1	John B. Price, pupil of Dr. Wm. Johnson..	22d October,	1822
2	George Green, M. D., University Penn. (1820).....	6th May,	1823
3	Stewart Kennedy, M. D., University of Penn.....	"	"
4	David P. Hunt, pupil of Dr. W. A. A. Hunt.....	4th May,	1824
5	Wm. Coryell, M. D., University of Penn.....	2d May,	1826
6	Lewis Springer, M. D., University of Penn.....	23d October,	1827
7	George B. Morton.....	29th April,	1828
8	Francis A Ewing, M. D., University of Penn.....	"	"
9	Joseph Welling, M. D., Jefferson Medical College, 1828	"	"
10	Samuel Lilly, M. D., University of Penn., 1837.....	8d May,	1947
11	John H. Phillips, M. D., University of Penn., 1837 ...	"	"
12	Thomas Edgar Hunt, M. D., University of New York.	"	"
13	Azariah P. Hunt, M. D., University of Penn.....	2d May,	1848
14	John B. Petherbridge, M. D., University of Penn., 1847	"	"
15	Henry Race, M. D., University of Penn.....	"	"
16	Wm. H. Schenck, M. D., University of New York....	1st May,	1849
17	Sylvester Van Syckel, M. D., University of New York.	"	"
18	George M. Burgess, pupil of Dr. Wm. D. McKissack..	6th May,	1851
19	Willard F. Combs, pupil of Dr. A. S. Combs.....	"	"
20	Henry Smith, M. D., of Yale College.....	4th May,	1852
21	A. H. Koon, of Lambertville.....	25th October,	1853

And the Censors "being well satisfied with their attainments in the various branches of medical and surgical science, and of their moral character," did recommend them severally to the President of the Medical Society of New Jersey, as proper persons to receive a license to practice physic and surgery throughout the State of New Jersey.

Of the above-named, ten joined the Society, namely:

John B. Price, David P. Hunt, Joseph Welling, Samuel Lilly, John H. Phillips, Thomas E. Hunt, Henry Race, Willard F. Combs, Henry Smith and A. H. Koon.

Doctor George Green settled in Belvidere, remaining till 1848, when he left for some time, and afterward returned and died there.

Doctor Stewart Kennedy located at "The Straw," near two miles from Stewartville; practiced there with a very growing reputation about ten

years, when he removed to Easton, and practiced between ten and fifteen years, from whence he removed to Chambersburg, Pa., and practiced until disabled by rheumatism, which took place several years prior to his death. He died about 1860.

Dr. Wm. Coryell located at Lambertville.

Doctor Lewis Springer located at Pennington, then a part of our county, the same year. He was very active, prosperous and successful in business, and made rapid inroads upon his competitors; but alas! his career was very short. He was seized with the cholera on its first visitation to our country; and while yet in possession of his mental faculties, on his dying bed, was married to Miss Welling, daughter of Isaac Welling, Esq., of that place. This was done both on account of their betrothal and to secure his property to the one he loved. His remains were taken to his native State (Delaware), and buried in the grounds of the Episcopal Church, six miles south of Wilmington; in the same yard where rest the remains of Dr. Reynolds, once of Ringoes. His grave is covered with a beautiful marble slab, with appropriate engravings.

Doctor George R. Morton. I have not been able to learn anything of his history.

Doctor Francis A. Ewing. Not acquainted with his history.

Doctor Azariah P. Hunt, is now living and practicing his profession in Raritan, Somerset county.

Doctor John B. Petherbridge. I have not been able to make out an account of him.

Doctor William Schenck practiced in Flemington from 1848 to 1850; then went to Ringoes, and thence to New York, where he staid until 1853. Went from thence to Australia, practicing there several years, and in 1867 returned to Flemington, where he is now practicing.

Doctor Sylvester Van Syckel, located at Clinton, where he is still practicing.

Doctor George N. Burgess, was an Eastern man, came to New Jersey, and taught school at one time in Cranberry, Middlesex county. He read with Dr. William D. McKissack, of Millstone, Somerset county, attended a regular course of lectures in New York, passed a good examination before the Board of Censors A. D. May 6, 1851, and received the diploma of the Medical Society of New Jersey, under the hand of John H. Phillips, M. D., then

President of the Society. He then returned to his native place where his career was short. He had been an active, industrious student, and worked hard to place himself in a good position in society and his profession, which having attained to in both, he dashed the cup of success, the reward of his perseverance, from his lips, and applied that which soon destroyed his usefulness and life. He fell regretted by many warm friends and by all who knew him.

Among the papers read before the Society, and which received the marked approbation of the Society—several of which were published—the first was on the first semi-annual meeting—

1821	Oct. 23.	By Dr. Wm. P. Clark:	"A Cursory Analysis of the Theory of Health, Predisposition and Disease."
1822	May 7.	"	Wm. Johnson: "An Inquiry into the Nature and Cure of Erysipelas."
1822	Oct. 22.	"	John Sloan: "Intermittent Fever."
1823	Oct. 28.	"	J. Bowne: "Observations on Cynanche Trachealis."
1823	Oct. 28.	"	E. Porter: "Dysentery."
1825	May 3.	"	J. Bowne: "Emphysema following whooping-cough."
1826	May 2.	"	J. Lilly: "Desultory Remarks on Vaccination."
1826	May 2.	"	Israel Coriell: "Cynanche Trachealis."
1826	Oct. 24.	"	Wm. Johnson: "Extra Uterine Fœtation."
1847	Oct. 26.	"	J. Lilly: "Fever."
1848	May 2.	"	J. Lilly: "Hernia."
1850	May 7.	"	J. Blane: "Allowing Graduates to practice without License."
1851	May 6.	"	G. P. Rex: "Enteric Fever."
1851	Oct. 28.	"	Samuel Lilly: "Epidemic Cholera."
1852	Oct. 26.	"	Justus Lessey: Subject not named. Elicited vote of thanks.
1853	May 3.	"	Wm. S. Creveling: "Phthisis Pulmonalis."
1854	May 9.	"	A. J. McKelway: "Psoas Abscess."
1855	May 8.	"	W. Johnson: "Concussion of the Brain."
1856	May 13.	"	W. Johnson: "Erysipelas"—Continued since 1822.
1863	May 12.	"	Samuel Lilly: "Diseases of India, and their Treatment."

1864	Oct. 25.	By Dr.	G. H. Larison: "Small-Pox."
1865	Oct. 24.	"	I. R. Glen: "Surgery." Ordered printed.
1865	Oct. 24.	"	John Blane: "History of Medical Men and Medicine in upper Towns of Hunterdon."
1866	May 8.	"	S. Lilly: "Cholera"—Continued from 1851.
1869	April 15.	"	T. H. Studdiford: "Prolapsus Uteri."
1869	Oct. 19.	"	O. H. Sproul: "Scarlet Fever."
1870	Oct. 18.	"	N. Case: "Cholera Infantum."
1871	April 18.	"	T. H. Studdiford: "Report on Surgery."
1871	April 18.	"	M. Abel: "Report on Practice of Medicine."
1871	April 18.	"	N. B. Boileau: "Report on Obstetrics." Printed.
1871	April 18.	"	A. W. Armitage: "Phthisis."

And several others of less importance. And many interesting cases have been laid before the Society, which were examined and canvassed with much interest.

MEMBERS OF THE SOCIETY WHO WENT INTO THE LATE WAR AS SURGEONS.

Beriah A. Watson, to Fourth Infantry; the date of his commission, 25th November, 1864; of his discharge, 9th July, 1865. He had been Assistant Surgeon from 26th March, 1863.

George R. Sullivan, to Thirty-ninth Infantry; the date of his commission, 28th Septemberr, 1864; of his discharge, 17th June, 1865. He had been Assistant Surgeon from 11th July, 1862.

ASSISTANT SURGEONS.

Alexander Barclay, Jr., to Thirtieth Regiment of Infantry; the date of his commission, 15th September, 1862; of his resignation, 5th March, 1863.

John R. Todd, to Second Regiment Cavalry; commission dated 15th April, 1864; discharged, 1st November, 1865.

THE REPORTERS.

1850, Samuel Lilly; 1851, G. P. Rex; 1852, John Blane; 1859, William Johnson; 1862, John Blane; 1864, Henry B. Nightingale; 1867, C. W. Larison, now in office.

The roll of Honorary Members contains seven names:

Isaac Ogden,* elected 11th May, 1826.

J. R. Ludlow, elected 28th October, 1851.

* Deceased.

William Johnson,* elected 8th May, 1866.
John F. Schenck, elected 12th May, 1868.
John Blane, elected 12th May, 1868.
John McKelway, elected 18th of April, 1871.
Henry S. Harris, elected 18th of April, 1871.

These two last mentioned being the only survivors of those who founded the Society, Dr. McKelway living in Trenton, and Dr. Harris living in Belvidere.

The meetings have always, with the exceptions of two, been held in Flemington; generally alternating with the two hotels, although a part of the time there were four hotels in the place, it does not appear they ever met in other than the present ones. The annual meeting, 1862, May 13, was held at Perryville, at the office of J. Blane, and the semi-annual meeting, 1864, October 25, was held at Lambertville, in the office of G. H. Larison. Both meetings were well attended.

In government we bear and forbear with each other, and agree as well as any Society; but we have had some trouble with some getting among us, to whom forbearance ceased to be a virtue.

We have had four cases of disciplining members; all found guilty and expelled from the Society. They knowing their sentence just, never gave any trouble afterward:

First. On 19th June, 1855, for unprofessional conduct.
Second. On 28th October, 1856, for practicing Homœopathy.
Third. On 20th October, 1857, for charlatanry and advertising.
Fourth. On 29th October, 1861, for consulting with quacks.

HISTORIAN.

Elected 19th October, 1869, John Blane.

Of the ninety-four members, as before mentioned, we have lost by death twenty-six members, viz.: Nicholas Belville, James T. Clark, Joseph Phil-

* Deceased.

lips, William Johnson, John Bowne, H. H. Schenck, Edmund Porter, John Lilly, O. W. Ogden, Wm. Barnett, Isaac Ogden, Henry Holcombe, Israel L. Coriell, George W. Case, Jacob E. Hedges, Lewis R. Needham, John Manners, Josiah Quinby, James Pyatt, Abm. T. B. Van Doren, Willard F. Combs, Charles Bartolette, Simeon S. Dana, Alex. Barclay, Thomas M. Bartolette and James Hervey Studdiford.

By cutting the county, two members, John McKelway and Joseph Welling.

By honorable discharge in the county, John Honeyman.

Removed from county and honorable discharge, twenty-three, eight of whom are ascertained to be dead, viz.: Henry B. Poole, William P. Clarke, Wm. Geary, John A. Hendry, John Slean, John B. Price, David Hunt, Henry Southard; and living, or supposed to be, Henry S. Harris, Merrill W. Williams, Wm. Duryea, Jos. A. Landis, Benjamin Davidson, J. H. Phillips, A. S. Clarke, Jacob R. Ludlow, A. J. McKelway, James Riley, A. H. Koon, Henry Wagoner, W. A. Hough, B. A. Watson, J. R. Todd.

Seven were dropped from the roll for delinquency, viz.: W. A. A. Hunt, Henry Field, Cicero Hunt, T. Edgar Hunt, John Grandin, Wm. Rice, J. Q. Bird.

Four were expelled from the Society for reasons already stated.

Thirty-one now belonging to the Society, viz.: John F. Schenck, John Blane, Samuel Llily, Wm. S. Creveling, Henry Smith, I. S. Cramer, John Leavett, J. A. Gray, Matthias Abel, N. B. Boileau, G. H. Larison, H. B. Nightingale, John S. Linaberry, M. D. Knight, C. W. Larison, I. R. Glen, Levi Farrow, George Sullivan, George T. Ribble, Asher Riley, B. B. Matthews, T. H. Studdiford, O. Herbert Sproul, C. R. Cowdrie, Geo. B. Young, J. O. Hoff, Charles Thompson, Richard Ludlow, Nathan Case, Austin W. Armitage, A. S. Pitinger.

BIOGRAPHICAL SKETCHES OF FORMER MEMBERS.

Here on this page, memorial of their name,
We'll write their deeds, and bid them live to fame.

"To live in hearts we leave behind us
Is not to die."

NICHOLAS BELVILLE. Dr. Belville, being the first named in the commission, was the first President of our Society.

He was born and educated in France, and came to this country in 1781, and settled in Trenton, which then, and for many years afterward, consti-

tuted a part of Hunterdon county. He had a wide-spread reputation, and many young men sought his instruction from all parts of the State, owing in part to the scarcity of medical schools in those days, and in part to his fame as a teacher.

He had a very extensive practice, not only in Trenton, but for many miles around, always traveling on horseback at a high rate of speed. It took both good horses and good riders to keep up with him. He was quick in action, curt in answering, and singular in his manners.

He was family physician to Joseph Bonaparte, ex-king of Spain, during his sojourn in Bordentown, it is said on a stated salary of five hundred dollars a year; and was the physician for the more fashionable and aristocratic part of the community. In business he was direct to the point, and could not bear that squeamishness which is so frequently the great annoyance of physicians, and always checked it by both words and actions. An example or two, among many occurring frequently, will illustrate:

Two ladies called just as he was about to leave his house; the one accompanying the other, who came to have a tooth extracted (there were no dentists in those days—physicians extracted teeth), who, telling the doctor their business, were invited to take seats, he at the same time commenced to bring forth the instruments for extraction. The lady said, "You don't mean me to be seated down here, doctor? not down here, I hope." The doctor said, "Yes, madam, if you wish to have your tooth extracted; if not you are perfectly welcome to any other place in the house, or on the top of it if you wish." The tooth was immediately and very dexterously removed.

On another occasion he was called on by a young gentleman, who had a very free young horse, and his father intending to mount the horse on this occasion, was thrown on the broad of his back, and his breath being gone he was supposed to be dead. His son mounted the same horse, and rode very fast to the doctor. "Doctor, I wish you to come to our house as quickly as possible!" "What is the matter at your house, that you want *me* there?" "Why, doctor, my father in mounting that horse, was thrown by him. Oh doctor, that horse has killed my father!" "Well then, my dear young gentleman, do you go home and bury your father decently; I have no time to attend to dead men." The young man, however, persevered until he got the doctor on his horse; and on arriving at home, which was but a short time, they found the old gentleman very comfortable.

A young man called to have a tooth extracted, and from some cause, whether accident or design, he bit the doctor's thumb and fore-finger, and

finding himself in danger from the doctor's other hand, he was obliged to hold on with his teeth till he got in a situation to make good his escape; during which time the doctor was talking to him pretty freely. After his escape, he thought it best to keep out of the doctor's way, but, on an occasion, the doctor coming suddenly into the main road, saw just in advance of him this same young man, mounted on horseback too, and the young man discovered that it was the doctor about the same moment, and started his horse at full speed. The doctor let his horse out, and with many gestures, as if he was preparing to shoot, ran the young gent and his horse into Trenton, to the doctor's very great satisfaction and sufficient revenge, and to the horror and dismay of his competitor, as he expected to be shot every moment—and to the no less amusement of all who saw it, who declared they never saw a race better contested.

The influenza was prevailing at the time of his death. He had it, and was conscious of his approaching end. In the evening, his nurse took the candle, and was about to leave the room for a moment on some service connected with her duty, which he observing, said to her sternly, "Put that candle down! You don't wish to let me die in the dark, do you?"

She thought but little of it, at the moment; got another candle and attended to her affairs. It was but a short time before it was discovered that he was dying.

In the Presbyterian grave-yard in Trenton, we find a slab reading—

This Stone,
covers the remains of
DR. NICHOLAS BELVILLE,
Born and educated in France,
For 50 years an inhabitant of this city.
A Patriot warmly attached to the principles of Liberty;
A physician eminently learned and successful;
A man of scrupulous and unblemished integrity.

On the 17th day of Dec., 1831, at the age of 79 years,
he closed a life of honor and usefulness,
By all respected, esteemed and lamented.

JOHN McKELWAY. Dr. McKelway, one of the founders of the Society —the second one named in our charter—was then and is still living in Trenton. He was a very active member during the first years of its existence. In 1826 he was elected President, likewise senior censor and delegate to the Medical Society of New Jersey. Shortly after this our Society took its nap; and when it awoke, our brother though living in the same place, was in an-

other county, member of another society. On 18th April, 1871, he was made an honorary member by our Society, of which fact I informed him by letter, to which I have received no acknowledgment. He is very aged.

"The aged pilgrim, as he stands
And waits the parting wave,
Looks over Jordan to that land
Of bliss beyond the grave.
Then with a longing heart he treads,
As forth the pillar moves,
And the cold stream no longer dreads
To reach the God he loves."

JAMES T. CLARKE. Dr. Clarke, one of the founders of the Society, being the third named in the commission, was the son of Dr. Israel Clarke, of Clarkesville, six miles northeast of Trenton. He graduated at Princeton, and attended lectures in the University of Pennsylvania, and settled in the practice of his profession in Trenton, a little before the war of 1812, where he continued to practice until the date of his last illness, (about 1836.) His remains were taken to a burying ground near his fathers, three miles east of Lawrenceville. I have not had time to visit the place.

A cotemporary and pupil of his says: "He practiced medicine with extraordinary success. His popular manners, his education, his fine gentlemanly appearance, contributed not less to his professional prominence than to those social qualities that greatly endeared him to the best social position of the capital of the State, and won for him a popularity that was as extensive as it was enduring. As a practitioner of medicine, he well sustained and even surpassed the reputation of his father-in-law, (Dr. Nicholas Belville.) He was emphatically *the physician* of Trenton and its vicinity. He was naturally fond of living well, which brought on an attack of gout, of which he lingered some months and died." I believe he left no children.

JOSEPH PHILLIPS. The fourth name in order on our roll is that of Dr. Phillips, who was at that time, and for many years both before and after, practicing at Lawrenceville. He is represented as being a worthy man and safe practitioner. He does not appear to have taken much interest in the Society, as his name does not appear on roll-call after the formation of the Society.

WILLIAM JOHNSON.* Dr. Johnson, the fifth name mentioned in our

* For obituary, see page 213 of Transactions of Medical Society of New Jersey, 1867.

chart, was born at Princeton, N. J., February 18th, 1789. He was the son of Thomas P. Johnson, a lawyer of great ability, and Mary Stockton, his wife. (His portrait adorns the court-room at Flemington.) He read with Dr. John Van Cleve, of Princeton, as his preceptor, attended lectures in the University of Pennsylvania, was licensed April 25th, 1811, and commenced the practice of his profession at Whitehouse, July 14th, 1811, and soon got into a wide practice. He wrote for several papers and medical journals, much of which was copied by foreign journals. He was preceptor to John B. Price, (the first one who applied to this Society for examination, which he passed, and became a member of the Society,) the late Dr. Peter Haas, Dr. John Honeyman, of New Germantown, Dr. Henry Field, of Clinton, the late Dr. John Gaddis, of Fairview, Ill., Dr. Andrew Otterson, of Brooklyn, Dr. Jacob Field, of Salterville, N. J., and his own two sons, Drs. Thomas and John V. C. Johnson.

He was the first Vice-President at the formation of the Society, and the next year the same, and again in 1848, and again in 1856. He was President of our Society in 1824, 1836, 1849, 1857.

He was one of the Board of Censors for, 1823–26–27–28–47–48–51–52–54 56–57–58–59–61–65.

On May 13th, 1823, he was elected Third Vice-President of the Medical Society of New Jersey. (See page 12 of the Transactions of the Medical Society of New Jersey, 1867. Motion of Dr. Blane.)

He was a very attentive member of this Society as long as his health and sight would admit of his traveling. In his intercourse with his patients he was kind and affectionate, soothing where he could not heal. In his intercourse with his brother practitioners, he needed no written code of ethics to keep him in the line of duty. With him it was natural to be courteous and honorable with every one.

He was for more than fifty years a member, and most of the time ruling elder in the Reformed Church, at Rockaway, and died triumphing through the merits of the Saviour at his residence, at Whitehouse, N. J., on Sabbath morning, January 13th, 1867, being in the 78th year of his age. He retained full control of his mental faculties until but a few moments before his death.

His funeral took place 17th, when an impressive and eloquent discourse was delivered by the pastor, Rev. Mr. Van Slycke, from Joshua, 1st chap., 2d v.: "Moses my servant is dead." His remains were interred in the cemetery attached to that church, there to remain until called forth at the resurrection of the just.

HENRY B. POOLE. Dr. Poole is the sixth name in the commission for instituting our Society. He was the first Secretary, which office he held five years, being a very efficient officer. His manner of keeping the records shows him to have been a man of business tact.

He was born in Enfield, England, eleven miles from London, April 24th, 1791, came to this country 1801, spending his tenth birthday on board the ship. His parents, Cyrus and Jane Poole, landed in New York and remained in that city two years, and then removed to New Brunswick, N. J., where the father was known as a popular and very efficient school-teacher, and where young Henry was educated at Rutgers College, graduating at eighteen, receiving the first honors of his class.

He then spent several years as teacher of a high school, and also as a private teacher, receiving a thousand dollars a year from the patroon of Albany for teaching his children, four or five in number, being a very uncommon salary in those days.

In 1816 he married, and commenced the study of medicine with Dr. Augustus R. Taylor, of New Brunswick, and in 1818 he applied for examination to the Censors of the District Medical Society of Somerset County, who, owing to the shortness of his pupilage, gave him a thorough and scrutinizing examination, and recommended him for license, which he received. At the formation of the Society, and for some time both before and afterward, he was practising in Flemington, from whence he removed to Sidney and vicinity, where he practiced some three or four years, living one year or more in Philip Grandine's house, the same in Abm. Shurt's house, and the same in the large stone mansion of Charles Coxe, Esq.

In 1821, (semi-annual meeting,) he was one of the first delegates to the Medical Society of New Jersey, and was likewise appointed a Censor, and in 1822 he was elected Vice-President of the Medical Society of New Jersey. In 1826 he was Vice-President of this Society.

In 1827 he removed to New York, where he resided two years, and then went to South River, in Middlesex County, where he continued his professional duties until 1855, when he was attacked with paralysis, from which he partially recovered, but was not able to practice much. He died December 2d, 1861. His remains were interred in the cemetery of that place. I have not been able to get the inscription on his monument.

He married Miss Olivia M. Jaques, daughter of Samuel Jaques, of Middlesex, who with one daughter and four sons survived him. None of the sons are in the profession. Three went to California, enterprising men making their mark in the world.

The Dr. was indeed a man of genius, high-minded and honorable, but not selfish enough to appropriate to himself what rightfully belonged to him.

WILLIAM P. CLARK. Dr. Patterson Clark, the seventh named in the charter, was one of the founders of this Society. He was the son of Rev. Joseph Clark, pastor of the First Presbyterian Church in New Brunswick, and brother of Col. Peter I. Clark, of Flemington. He graduated at Princeton, 1819. After receiving his medical education, he practiced a short time in Wilkesbarre, Pa., from which place he removed to or near Clinton, (then called Hunt's Mills,) in Hunterdon County. Here we find him in 1821, at the formation of the Society, and at the semi-annual meeting read the first essay, "A Cursory Analysis of the theory of Health, Predisposition and Disease." He was a regular attendant on the meetings of the Society till 1825, during which time he was, in 1823, Chairman of the Standing Committee, and in 1836 and '37 he was Third Vice-President of the Medical Society of New Jersey. He moved to Belvidere, in Warren County, in 1825, where he practiced his profession until he died, which event took place September 4th, 1857.

He was never married, and the circle of his immediate relatives was small. But when he passed away, the whole community seemed to mourn as for a a relative, such close attachment had his genial temper and kind heart thrown around them.

JOHN BOWNE.* Dr. John Bowne, being the eighth name in the commission, was born in Monmouth County, September 2d, 1767. After receiving his common-school education, he prepared for his professional studies in the Academy at Freehold, from which he received a diploma, certifying to his proficiency in the "Greek and Latin languages, and the arts and sciences, usually taught in Colleges," signed by John Woodhull, D. D., and other officers of the institution. He read medicine with Moses Scott, of New Brunswick, who at that time was a prominent member of the profession in New Jersey, being President of the Medical Society of New Jersey. He attended medical lectures in Philadelphia, and was the office student of Prof. William Shipman. He was licensed to practice medicine and surgery in this State August 3d, 1791, by James Kinsey and Isaac Smith, Justices of the Supreme Court of New Jersey, on the certificate of Drs. John Ab. De Normandie and Francis Bowes Sayre, (who at that time was the Recording

* For obitnary, see page 96 of vol. 3 of the Medical and Surgical Reporter, new series.

Secretary of the Medical Society of New Jersey,) which certificate was granted the same day.

He located at Prallsville in the autumn of 1791, and moved to the farm near Ringoes, where he lived sixty-one and-a-half years. It is now known as Barber's Station on the Flemington Railroad.

He was honored with the honorary degree of M. D. by the Medical Society of New Jersey, "*pridie ante Idus, Maii Anno Domini millessimo octingentissimo quinquagessimo et Societatis octogessimo quarto.*" He was also a member of the Cliosophic Society of Nassau Hall, his diploma bearing date A. D. 1818. He was for more than fifty years a ruling elder in the Second Presbyterian Church of Amwell, during the ministry of the Rev. Messrs Grant, Kirkpatrick and Osmund. He died November 4th, 1857, on his farm, now the residence of his only son, Hon. Joseph G. Bowne.

"Dr. Bowne was a most remarkable man. Although of small stature, he was blessed with a very robust constitution, was a man of the most indomitable energy, untiring industry, and great perseverance. His practice in his palmiest days, extended over an area of more than twenty miles long by six miles wide, at a time when public roads were few and far between, his labors being performed principally on horseback. He might at all times and seasons of the year, in fair weather or foul, be seen emerging from his gate at the earliest dawn, on his daily visits to his patients. As a physician, he was bold, and at the same time a sound and judicious practitioner. He had the most perfect reliance in the efficacy of his remedies, and administered them without faltering, and with such bearing as secured for him the confidence of his patients, among whom his word was law; a violation of which was soon to be visited with such reproof as prevented a repetition.

He possessed the regard and esteem of all his professional brethren in a most unbounded degree. Careful never to overstep the bounds of professional etiquette in his intercourse with his brethren, he would never brook such breaches in others. One of the original founders of this Society, and also one of those to whom it was indebted for its resuscitation, he remained a steadfast member until his death, and active until compelled to rest on account of bodily infirmities.

The character of Dr. Bowne as a citizen, companion, friend and Christian, was that of a high-toned gentlemen, very genial in his intercourse with those into whose presence he was thrown, very fond of his joke, quick at repartee, close and untiring in his friendship, and an humble Christian, always to be found in his seat in the sanctuary, unless kept away by professional duties.

His funeral was attended by a very numerous concourse of sympathizing relatives and friends, among whom were to be seen a large body of his professional brethren."

His remains were intered in the Barber burying-ground, on the road from Head-Quarters to Lambertville, where a beautiful engraved obelisk of Italian marble, marks the grave, bearing on shaft:

Obverse side,

"Thou shalt come
to thy grave in a full age,
as a shock of corn
cometh in his season."

On the Die,

Father, Mother
and
Daughter.

On the reverse,

CORNELIA,
Born
May 5th, 1795,
Died
May 16th, 1802.

On the right-hand side,

JOHN BOWNE, M. D.,
Born
September 2d, 1767,
Licensed
August 3d, 1791,
Died
November 4th, 1857.
Fifty years a
Ruling Elder in the
2d Presbyterian Church, Amwell.

On the left-hand side,

ANN COOLE,
Wife of
JOHN BOWNE, M. D.
Born
March 5th, 1770,
Died
February 18th, 1856.

WILLIAM GEARY. Dr. Geary was named the ninth one in the commission for founding the Society, but was not present at its organization, and there is no evidence that he ever took an active part in the Society. His name appears but once on the roll of meetings after the organization. He was a Scotchman by birth, and I presume was educated there. He lived and practiced in Flemington, succeeding Dr. John Gregg in the early part of the present century, who left and went to Pennsylvania. Dr. Geary was a very popular practitioner, particularly as an obstetrician, although he professed not to like that branch of the business. He was quick, shrewd, active, rode on horseback, and that at a high rate of speed. He entered the sick chamber, made his examination and prescription, and was off. In 1832 he was still in Flemington, but left shortly after for Trenton, where he lived but a short time, and died. He left a widow and several sons, but none in the profession, and several daughters.

Had Dr. Geary lived in times when the manners and customs of society were different, his talent, his reputation, with his activity in business, would

have secured to him an independence, which, to the sorrow of his friends, they did not possess, at least through his instrumentality.

Since writing the above, I have received the following from the pen of the late Dr. Johnson: "Dr. William Geary was a native of Scotland. He was a graduate of the literary department of the University of Aberdeen; he come to Trenton early in the present century, and was principal of a Latin school in that place. Whilst pursuing the employment of a teacher he devoted himself to the study of medicine, under the superintendence of the late Dr. Nicholas Belville, of that place. He attended a course of medical lectures in Philadelphia, and having obtained a license to practice from the constituted authorities of the State, he established himself at Flemington, and from 1808 to 1815 he enjoyed a most extensive practice, and an enviable reputation. After remaining at Flemington for several years, he removed to Trenton, and died there. He was small in stature, of pleasing address, and of great decision of character. At the time of his death he was a member of the Presbyterian Church."

HENRY S. HARRIS. Dr. Harris, whose name stands tenth on our roll, was one of the founders of the Society, is still living, and was by a vote of our Society, (April 18th, 1871,) made an honorary member of the same, which fact was communicated to him by me by letter (agreeably to your instructions to that effect) on June 1st, 1871. On July 8th, 1871, I received the following acknowledgment from Dr. Harris: "For the honor conferred by said Society, please accept, dear sir, on my behalf, my very sincere thanks, and tender to the members of said Society my very grateful acknowledgments for their memorial record." And having requested of him a sketch of his medical history, I received the following, and not seeing how to render it of more import by condensing, I give it as he wrote it to me:

JOHN BLANE, M. D. BELVIDERE, JULY 6th, 1871.

Dear Doctor: As you requested a sketch of my medical history, I will gratify you for *your kind notice* in as brief a manner as possible. Beginning at the commencement—

First, I read, studied and practiced medicine under the supervision of that eminent physician, Henry Vandeveer, of Bedminster, Somerset County, N. J., for the term of four years; then attended a course of lectures in Philadelphia the winter of 1817–18. (Dr. Wistar died about the middle of the course.) The spring ensuing, I returned to New Brunswick, and entered the office of the venerable Charles Smith, M. D., to prepare for examination at

the meeting of the Medical Society of Middlesex County, in June of that year, when I presented myself, with several others, and was passed and given a certificate for a diploma, which was granted by the President of the State Medical Society of New Jersey, Dr. John Van Cleve. Then, buoyant with success and hope of being useful in the healing art, I commenced the practice of my profession in Hunterdon County, two years previous to the formation of your Society, and continued it for nine years after, at Milford and Mount Pleasant, frequently riding several miles into Pennsylvania. Although successful, yet not satisfied with the income, I made arrangements, and moved to Marlborough, Monmouth County, N. J.; remained there four years, and returned to the vicinity of my preceptor, and resided there three years, expecting to succeed him. But the prospect of long life, and his continuance in the practice, induced me to seek my fortune at Allamuchy, Warren County, N. J., where I have labored assiduously in the practice of my profession for the space of thirty-five years, with usual and approved success, till last spring, when I retired from the practice of physic and all active business at the age of nearly seventy-six years, and have moved to the town of Belvidere, to rest and enjoy church privileges together with the society of *dear children*, for the remaining few days of my life, and, *when ended*, trust and hope, through the provisions of a merciful Providence, I may receive the welcome plaudit: "*Well done!* enter thou into the joys of thy Lord."

Yours, fraternally,

H. S. HARRIS.

JOHN A. HENDRY. Dr. Hendry, the eleventh name on our list of members, was one of the founders of this Society. He practiced at Ringoes, lived in the house since occupied by Dr. Cicero Hunt; sold out to Dr. Merrill Whitney Williams in 1827. He was an active member of the Society up to this time, when he took a certificate and was honorably discharged.

Since writing the above, I received a letter from Dr. Cicero Hunt, containing information from Dr. Hendry's daughter, in which she says: "Dr. J. A. Hendry was the oldest son of Capt. Hendry and Elizabeth Anderson; was born at Burlington, N. J., in 1786.

After completing his studies, he went to Morristown for examination, where he received the following

CERTIFICATE.

These are to certify, That, in pursuance of an appointment of the Honorable the Justices of the Supreme Court, and in conformity of an act of the Legislature of the State of New Jersey, passed the twenty-sixth day of No-

vember, one thousand seven hundred and eighty-three, and a supplement thereto, passed the second day of November, one thousand seven hundred and eighty-six,

We, Drs. William Camfield and Louis Condict, have this day examined JOHN A. HENDRY, and he having given satisfactory proof of his knowledge and skill in physic and surgery, we do hereby recommend him as a fit and proper person to practice in the said faculties throughout the State of New Jersey.

In Testimony Whereof, we have hereunto subscribed our names, and affixed our seals to this instrument, at Morristown, this twenty-eighth day of May, one thousand eight hundred and eight.

[L.S.] WILLIAM CAMFIELD,

[L.S.] LEWIS CONDICT, M. D.

Upon the presentation of which to the Justices of the Supreme Court, he received the following

DIPLOMA.

To all to whom these Presents shall come or may concern:

Know Ye, That in pursuance of an act of the Council and General Assembly of the State of New Jersey, passed the twenty-sixth day of November, Anno Domini one thousand seven hundred and eighty-three, entitled An act to regulate the practice of Physic and Surgery within the State of New Jersey, and a supplement thereto, passed the second day of November, Anno Domini 1786, JOHN A. HENDRY having been duly examined in physic and surgery by Drs. William Camfield and Lewis Condict, as appears by their certificate. They having approved of his skill,

We, the subscribers, two of the Justices of the Supreme Court of the State of New Jersey, do admit him hereby as a Physician and Surgeon, to practice in the said faculties throughout the State of New Jersey.

In Testimony Whereof, we have hereunto subscribed our names, and affixed our seals to this instrument, this thirty-first of May, in the year of our Lord one thousand eight hundred and eight.

[L.S.] KIRKPATRICK,

[L.S.] PENNINGTON.

He commenced the practice of medicine at Ringoes in June or July, 1808. He was married to Abby Chambers, third daughter of Robert and Frances Reeder Chambers, at Mill Hill, Trenton, N. J., April 18th, 1810.

They had nine children, six of whom are still living. Montgomery Chambers and Henry Holcombe studied with him some time at Ringoes. He was commissioned by Gov. Aaron Ogden surgeon of the militia of Hunterdon County. Drs. Pyatt and Geary were his associates.

He became a member of the Society of the Cincinnati of New Jersey after the death of his father, Capt. Samuel Hendry, who was an officer in the Revolutionary War, and stood by the side of General Washington at the time that Major Andre was executed.

Dr. Hendry removed with his family to the city of New York in 1827, and there commenced the practice of medicine. He became a member of the Medical Society of the City and County of New York, (incorporated A. D. 1806,) on July 12th, 1831.

He was appointed (at the time the cholera prevailed in 1832) by the City Councils, Chief Physician of the Tenth Ward, and so skillfully and satisfactorily did he discharge the arduous duties imposed on him. that he was not only highly complimented by the Corporation, but they requested him to deliver an address and dine with them July 4th, 1833, which he respectfully declined he being a member of the Cincinnati Society, and having promised to dine with them.

The late Dr. Isaac B. Munn, of Chatham, N. J., finished his studies with him, and was a partner of his at the time of his death.

He died at noon on June 23d, 1834, by the breaking of a blood vessel, at his residence, No. 168 Grand street, New York, aged 48 years, and was buried at Stuyvesant Church."

HENRY H. SCHENCK, JR. Dr. Schenck, one of the founders of the Society, was practising at Quakertown in 1820. Name stands twelfth on the roll. He was the oldest son of Dr. Henry Schenck and his wife, Ellen Hardenberg, daughter of the Rev. Jacob R. Hardenberg, minister of the Reformed Church at Raritan, Somerset County, N. J. He was born in the State of New York, in February, 1782, his father afterward removing to Neshamie, N. J.

He appears at an early age to have been largely imbued with the spirit of adventure, and enlisted in the United States Army, but being a minor, his father would not suffer him to stay in the army. At the age of seventeen he married Miss Jane Herder, aged sixteen years. He studied his profession with his father, but such was his love of adventure and excitement, that he again joined the army of the United States, some time before the war of 1812, in which he served (part of the time under General Scott) seven years, was taken prisoner at the battle of Queenstown Heights, being to the close of the war, when he again betook himself to his profession; practiced at Quakertown in 1820, shortly after which he removed to Readington, where he had practiced some time before. His abilities as a physician are acknowledged both by the profession and the public, with whom he was popular. Had he given his whole energy to the profession, he would have been one of its brightest ornaments. He left a widow and several children, none of them in the profession.

He is said to have settled in Readington about 1810, and lived in the house once occupied as a parsonage by the Rev. Simeon Vonartsdalen, about two miles from the church, on the road leading from Readington to Whitehouse. He afterward moved to the brick building known as she "Ten Eyck house," on the old York road, about one and a half miles east of the church, where he lived about two years, when he moved a few hundred yards further east, on the place now occupied by Mr. Titus, where he died. He had, as before stated, practiced some of that time in Quakertown, where he was in 1820.

His remains rest in the church-yard at Readington. On his headstone may be found the following:

In
Memory of
Dr. Henry Schenck, Jr.,
Who departed this life
Dec. 20th, 1823,
Aged 41 years and 10 months.

Our labor's done, securely laid,
In this our last retreat;
Unheeded o'er our silent dust,
The storms of life shall beat.

EDMUND PORTER. Dr. Porter, whose name stands thirteen on our roll of members, was a native of Connecticut. He came to Easton and married Miss Mary Moore, and practiced there a short time. He then moved to Union County, in Pennsylvania, where he practiced some time; then went to the West Indies and spent some time, which he considered a great advantage to him, but it was probably an injury. The formation of the Society found him at Frenchtown. He took an active part, and was one of the first delegates to the Medical Society of New Jersey. In 1823 he read a dissertation before the Society on Dysentery.

His last appearance at the roll-call was May 2d, 1826. He probably died soon afterward. He was buried in the Ringwood Presbyterian church-yard. His family, consisting of widow and three sons, Edmund, Samuel Moore Leonidas, and Thomas Miner, went back to Easton. They are said to be all dead, which is certainly true in regard to all except Samuel M. L. He went to Oregon, and has not been heard from in so long a time, that the presumption is that he, too, is dead. One of his sons, (Edmund,) had his remains removed from Ringwood church-yard to the cemetery at Easton, where the remains of his wife and son Thomas are buried, and where a stone is erected with this inscription:

In Memory of
EDMUND PORTER, M. D.,
Died at Frenchtown, N. J., July 12th, 1826,
Aged 35 years, 11 months and 25 days.
MARY,
His wife, died in Easton, July 2d, 1838,
Aged 53 years, 7 months and 14 days.
THOMAS MINER,
Son of Edmund and Mary Porter,
Died Oct. 19th, 1856,
Aged 33 years, 7 months and 11 days.

His son Edmund was a printer, is represented as being a very worthy man; died of small pox at Harrisburg lately. S. M. Leonidas is represented as a young man of good parts, very eccentric, and not bound to business; went to Oregon; has not been heard of for many years; presumed to be dead. Thomas Miner was an apothecary. They left no descendants.

He is represented as a good scholar, energetic in business, a ready writer, a person of gentlemanly mien, very sociable, and more so since his short residence in the West Indies. He stood high in the Masonic Fraternity.

A cotemporary in the profession says of him: "He had a turn for politics, and while at Frenchtown ran for Assemblyman at the Hunterdon caucus twice, the last time with success. He had naturally a good mind, possessed great social qualities, was a successful practitioner while at Frenchtown, and would have risen to eminence and great usefulness, had he cultivated carefully his God-given genius, and abstained altogether from the intoxicating cup. Instead of doing that, he yielded to temptation, like many other bright stars of that day, whose lights set in obscurity."

This agrees with and reminds me of an anecdote I often heard in the first years of my practice. It was related of him that he said, "He could not turn water into wine, but he could turn Brandy into Porter."

Since writing the above, I received a letter from Samuel Moore, Esq., his brother-in-law, of Easton, Pa., which I feel under obligation to offer as I received it.

DOCTOR BLANE: EASTON, August 11, 1871.

Dear Sir—Agreeable to your request, I have made diligent search for the papers belonging to the late Dr. Edmund Porter, and have found but one, which contains some principal important facts, which speak for themselves, in his own handwriting. I regret very much the loss of his papers, as some of them were interesting and valuable.

Those of his Recipes, showing the practice of Medicine at that time—his certificate from the Societies, one of which was in Spanish (that of St. Bartholomews), and all on parchment.

His paper books, in which he noted down all his "cases,"—the symptoms, disease, prescriptions, medicine administered, quantity, doses, and the effects produced from day to day, and the result. All his writings, published and unpublished, were written in books kept for that purpose. Medical, political, and various subjects, or miscellaneous, separate, with a great number of loose papers. He was very particular in noting the state of the weather—the changes and the effects upon his patients. In all these matters he was very careful—the whole constituting a valuable and useful diary of events. I was not aware of the loss until I made strict inquiry; and it was caused by the intolerable nuisance of "house cleaning" semi-annually, that caused the destruction.

I forward you an excellent likeness of the Doctor, which I found in the trunk of his son Edmund, which you will please present to the "Medical Society of Hunterdon County," as a gift from me, believing that they would prize it more highly than any others I could leave it. All the family of Porters are gone—all of my sisters and brothers in law. There is none left that have any recollection of Dr. Porter. Please accept it as a gift to the Medical Society from the last survivor.

I am, very respectfully yours, &c.,

S. MOORE.

An exact copy of the aforementioned paper.

To futurity I address myself in the year of our Lord 1823—Perhaps this memento may be of service or curiosity to future generations, if found among the rubish of this mansion errected by order of Edmund Porter M. D. Physician and Surgeon—Member of and principle founder of the Medical Society of Hunterdon County N. Jersey Licentiate of the Connecticut Medical Society also of the Medical Society of Saint Bartholemews, and Union Medical Society of Pennsylvania, and author of a number of Medical Essays, Political pieces to be found in the New York Medical Repository and American Medical Recorder, The New England Journal of Medicine and in the Newspapers viz The Trenton True American—The Spirit of Penn[a] The Eastern Centinel &c &c—EDMUND PORTER aetis 32.

Existing facts

James Munro President of the United States.

W. H. Williamson Governor of New Jersey.

Architects of this Building Eneas Rose first Mason —— Ashton second do. David Everett Joiner and House Carpenter,—Names of Persons, who assisted at the several parties in digging Seller—tending masons quarrying stone and carting the same—viz John Powers Blacksmith John B. Tomer sadler Joshua Hogeland Blacksmith, John Price Shoemaker Andrew Curtis Blacksmith, Reuben Warford and Allen Rittenhouse apprentice Blacksmiths Ralph Matthews and John Grossman Cabinet Makers Jacob Weltz Silver Smith George Frees Inn keeper, Frank Peltz an old soldier of the war of 1812.13.14 & 15 Henry Crout Farmer, Jesse Waric Hatter Peter Snyder weaver Z. Larush farmer, Charles Birch Laborer, Major Rose of the Militia

Carters of stone Uriah Bonum Benjamin Jacoby, John Rodenback, Matthias Salter, Philip Slout, Captain Benjamin Metler Henry Lott John Voor-

his John Hootman, Garner Thatcher, Joseph Everitt Henry Wurtz, John Weltz aged .... Daniel Opdikeall farmers Mr. Jones, Samuel Wurtz, John Gorden, John Thatcher Mr. Sipes, Sam^{l} & John Snyder, Daniel Everit Charles Wolverton Nathaniel Thatcher &c &c These persons were among the first persons previously to the deposition of this memorandum in the seller wall—

To them I am under particular obligations—

Paul H. M. Presoit Esquire is the Principle owner of the Property in this vicinity—David Warford Post Master, and Merchant, Widow Naomi Frees mistress of the Alexandria Hotel—The fourth of July is to be celebrated in this town on the approaching aniversary, it being the 47 of American Independence William Voorhis & John Clifford Esquires and Sam$^{l.}$ Powers and David R. Warford Presidents and Vice Presidents of the day, Doctor Albert Tyler is to deliver the Oration, Doctor Luther Towner the Invocation, and the Honourable Joshua B. Colvin is to read the Declaration of Independence—The Rev$^{d.}$ Mr. Hunt is requested to make a short address.

Capt. John Scott is appointed marshal of the day and Capt. Ezra Brewster will appear with the Kingwood Uniform Company Equiped and in Uniform A dinner, Toasts, music, and the roar of cannon to conclude the festivities of the day—

Edmund Porter was born in Haddam Connecticut June 18th 1791—Emigrated to Penn^{a} in 1815—married Mary Moore September the 28th 1816—Have three children viz.—Edmund Porter J$^{r.}$ Born January 10th 1820—Samuel Moore Leonidas Porter, born March 26th 1821—Thomas Miner Porter, born March 8th 1823.

Commenced the practice of Medicine in this town 10th June, 1820,—Intermitting fever makes its appearance after an absence of 20 years—has been common along the banks of the Delaware River, and Dysenteria interiorly—Charcoal pulverized proved a useful adjunct in the latter complaint—

The seasons for five years past, has been remarkably dry—The present year 1823, has thus far been cold and inclement; frost and ice seen on the 5th and 6th May—Crops look well June 21st.

Finder of this document know sir that I wrote it to amuse; if it should afford you any, remember the end of all things, and prepare yourself to die as all of us have done, whose names you see enrolled on this memorial,—We all had our virtues (and vices) each of us was of service to society in their several capacities in life—We are no more, We look to future generations to preserve unimpaired the liberty and Independence which thus far we have assisted to perpetuate at the risque of our lives and fortunes—

This voice from the TOMBS

admonishes you to do the same as we have done for you!!!

FAREWELL—

———"———

DEPOSITED

——"——

This Memorial Written June 21st 1823

———"———

Deposited a pint of Whiskey or apple Brandy; That you may have a

taste of what your ancestors once drank—It will be a curiosity to taste of the *nectar* of United Republican America now containing 24 Independent States—

———"———"———

Deposited—also several newspapers containing the intelligence of the times.

Signed, EDMUND PORTER, M. D.

The original of the above was deposited in the wall of the house, and remained there say about thirty years. Curiosity prompted its removal.

JOHN SLOAN. Doctor Sloan, one of the founders of the Society, being the fourteenth on its roll of members, was the son of Rev. William B. Sloan, for many years pastor of the Presbyterian Church in Greenwich, Warren county, New Jersey. He resided near Bloomsbury. Dr. Sloan's name appears as present with the Society for the last time, 22d October, 1822, at which time he read a dissertation on intermittent feyer. Shortly after which he left his location at Bloomsbury to Dr. Hughes and went to Washington in Warren county, where Dr. Hughes had been practicing six years.

He continued in Washington but a short time, then went to the city of New York, and opened an apothecary shop; stayed some time, and removed to Eastern Pennsylvania, where he practiced and kept an apothecary shop, and where, with a little more perseverance, he would have been no doubt, very successful.

As a practitioner he was popular, and only required time and adherence in a steady course to arrive at eminence, which quality he did not seem to cultivate. He removed to Utica in the State of New York, staid a short time, and thence to Asbury, in Warren county, where he staid but a few weeks or months (this was about the year 1835) and then moved back again to Easton, where he continued to practice until his death.

His remains were interred in the ground attached to the First Presbyterian Church of Easton, where a stone standing at the head of the grave bears this inscription:

This Stone
Marks the mortal resting place
of
JOHN P. SLOAN, M. D.
son of the
Rev'd William B. Sloan.
Born May 26th, 1799
Died February 10th, 1849.

And of his wife
KATURAH
Daughter of Henry Hankinson.
Born July 28th, 1801;
Died October 12th, 1853.
Their lives and profession entitle us
To trust that they sleep in Jesus.

They left three children. John Sloan is a painter; one daughter married Dr. A. C. Smith, at that time of Riegelsville, since of Mauch Chunk (she is deceased); and one married, and said to be living in Allentown.

JOHN LILLY. Dr. Lilly, one of the first members of our Society, and fifteenth on the roll, was born in Staffordshire, England, in the year 1783. Came to this country when a child with his parents, who first settled in the city of New York.

His father, Samuel Lilly, had been a barrister in England, but after his arrival in this country, adopted the profession of teacher, he being a very fine classical and belles-lettres scholar. From New York he removed to Albany, N. Y., where, at the instance of a warm personal friend, he took orders in and became a minister of the Protestant Episcopal Church. He afterward became Rector of St. John's Church, Elizabethtown, during which time he performed the marriage ceremony for Lord Bolingbroke, then a resident of that ancient borough.

During the residence of his father at Albany, Dr. John Lilly was apprenticed (as was the custom in those days) to Dr. Samuel Stringer, then a very celebrated physician and surgeon of that city, and served an apprenticeship of four years; at the expiration of which, (in the year 1807) he received a license to practice, and settled at Lansingburg, a few miles north of Albany, remaining there about one year. He removed to Readington in this county in 1808, succeeding Dr. John Van Horn, then recently deceased. He immediately applied for license to practice his profession in this State, which was duly granted, the venerable Dr. Moses Scott of New Brunswick being one of the examiners. The same year he was married by the Rev. Peter Studdiford, pastor of the Reformed Church at Readington, and father of Rev. P. O. Studdiford of Lambertville, to Miss Julia Moodie, with whom he had become acquainted at Lansingburg, and who was at Readington, on a visit to the family of Gire— Lane, a respectable and prominent citizen of that place.

In the Spring of 1809 Dr. Lilly removed to Lambertville (then called Georgetown), where he practiced his profession as the successor of Dr. Kreuson, who had then recently died. Here he remained, actively engaged in the

laborious duties of his profession (interrupted only by a service of two years as member of the Legislative Council, to which body he was elected in 1840 and 1841) until June, 1848, when he died, followed in less than one month by his beloved wife.

Dr. Lilly never had children. His mantle fell upon the shoulders of his nephew Dr. Samuel Lilly, who was educated by him and succeeded to his practice.

Dr. Lilly was, physically, a delicate man, his height five feet seven inches, his weight never exceeding one hundred pounds. His mind and character were those of a refined gentleman; scrupulously neat in his personal habits, pure and chaste in all his acts and words. The writer, during a close intimacy of nearly twenty years, during which he has seen him in all kinds of company, never heard a word or an intimation pass his lips, which could not have been uttered in the most refined circle. This purity and refinement was very prominent in all his writings; he being a frequent contributor to the periodicals of the day, and frequently appearing before his fellow-citizens in the character of a lecturer before the local literary societies.

As a physician, he was very attentive to his patients; his judgment sound and clear, and his practice in emergent and dangerous cases prompt and energetic. He was not slow to adopt any new or improved mode of treatment, if it had the approbation of his judgment.

His success was as marked as that of the most successful. He was always a stickler for the more rigid professional ethics. He never permitted himself to be betrayed into a violation of the strictest code, and was not slow to condemn such violations on the part of others. He became a member of this Society on its first organization, and was one of the petitioners for a resuscitation of the same in 1836, and again in 1846, and continued to be an active member until his death.

He was also Corresponding Secretary of the New Jersey Medical Society in 1827 and 1832, and of the Standing Committee in 1831, and Chairman of the same in 1847.

At the time of his death he was Senior Warden of Saint Andrew's Church, Lambertville—on one of the walls in the interior of which edifice is a tablet erected to his memory, the inscription on which ends with these words:

"In pace dormet."

OLIVER WAYNE OGDEN. Dr. Ogden, one of the first members of the Society, being sixteenth on the roll, lived at that time in New Germantown. He was a nephew of Dr. Isaac Ogden, of that place.

A brother in the profession, and neighbor, Dr. John Honeyman, says of him: "I know nothing of his medical education except that he attended lectures in Philadelphia. He married a niece of Dr. O. Barnet, a Miss Wisner, who lived with Dr. O. Barnet. The latter took him under his patronage. He practiced medicine a short time, but soon gave it up; became Marshal of the State of New Jersey, and made money easier and faster than when following his profession. He attained quite a fortune, but lost it in unfortunate speculations in the vicinity of New York. He died about the year 1840 from pulmonary consumption, aged about 62 years. He don't appear to have taken an active part in the affairs of the Society, as his name does not appear as among those present at any meeting of the Society after his initiation.

Our late brother in the profession, the venerable Dr. Johnson, says of him: "About sixty years ago, (or about the year 1811,) Dr. O. W. Ogden was engaged in a very extensive practice in New Germantown and its surroundings. He studied medicine under the superintendence of his uncle, the late Dr. Isaac Ogden. He attended lectures in Philadelphia, and was a licentiate of his native State. He was a more energetic practitioner than his uncle. His address was prepossessing, his manners easy, and he had an exuberance of animal spirits. He did not continue a great many years in practice. Having received the appointment of United States Marshal for the District of New Jersey, he let the practice go, and devoted himself to the duties of his new office. He died some years since of phthisis pulmonalis."

His remains, as well as the remains of his wife, and his sister and only daughter, were interred in the private cemetery of Dr. O. Barnet, uncle of Mrs. O. W. Ogden. But there is no other evidence of it than the assertion of the aged people of the vicinity; no stone or monument of any kind, and scarce a mark where the earth has been disturbed.

WILLIAM BARNET. Dr. Barnet, one of the first members of this Society, being seventeenth on the roll of members, lived and practiced at the time of joining the Society, in New Germantown.

"Dr. William Barnet was the nephew of Dr. O. Barnet. He read medicine with his uncle, Dr. O. W. Ogden, attending lectures in Philadelphia. He commenced practice in this place a little before the war of 1812, became an officer in the same, contracted habits of intemperance thereby, and died early in life. He was talented, courteous, and very highly esteemed, but yielding to the tempter, fell prematurely."

His name appears on the roll of those present at the semi-annual meeting October 23d, 1821, and it is presumed he died shortly afterward.

It is currently asserted that his remains were interred in the family burying-ground of Dr. Oliver Barnet, near the village. But a careful examination of that beautiful situation for the reception of the dead, now so lamentably gone to decay, reveals no evidence of it by inscription or otherwise.

ISAAC OGDEN.—Dr. Ogden, one of the first members of the Society, being the eighteenth on the roll of members, lived and practiced at the time in New Germantown. He was born near Elizabethtown, and descended from one of the most respectable families of his native State. He graduated in the College of New Jersey, 1784, and entered upon the study of medicine. Having obtained a license from the State authorities to practice in his profession, he settled at Six Mile Run, near New Brunswick. Here he formed a matrimonial connection with Miss Stoothoff, daughter of Elder Peter Stoothoff, of that place. From this alliance there was but one issue, a daughter, who was married in early life to the Rev. Isaac N. Wyckoff, D. D., of Albany, N. Y.

Dr. Ogden soon removed from Six Mile Run to Whitehouse, and after remaining here a few years, settled himself at New Germantown, practicing his profession until after the death of Dr. O. Barnet, in 1809, after which he withdrew from the most burdensome part of the business, relinquishing it into the hands of his nephew, Dr. O. W. Ogden, attending to obstetrics, and attending to the management of the large business of his sister, Mrs. Oliver Barnet, who recompensed him liberally, and thus enabled him to dispense with much of his medical practice, and gave him time to cultivate the science of astronomy, of which he was very fond. For several years he published a yearly almanac, prognosticating the weather and its changes, and that mostly in rhyme. It had a wide circulation.

He was much devoted to scientific pursuits, though otherwise of an indolent turn. He spent much time in observing through his telescope the motion of the heavenly bodies. He was a disciple of Cullen; his practice was expectant. He was dignified in his manners, urbane and gentlemanly. He was a consistent professor of religion, a member and officer of the Presbyterian Church. He had cataract in both eyes; was operated on by Dr. Physic, of Philadelphia, successfully on one eye. His two sisters, Mrs. Burnet and Mrs. Haines, became blind from cataract also. A few years before his death, which occurred suddenly from apoplexy, he removed to New Brunswick, where he is buried. His widow survived him many years, and

died but a short time since at the residence of her son-in-law at Albany.

He was President of the Society in 1823, and at the annual meeting May 2d, 1826, was elected the first honorary member of this Society.

HENRY HOLCOMBE. Dr. Holcombe, one of the first members of the Society, being nineteenth on its roll, was a native of Hunterdon County. Read medicine with his cousin, Dr. George Holcombe, of Allentown, Monmouth County, N. J., a gentleman who, at that time, stood in the front rank in the profession in New Jersey, and was the intimate friend of Prof. David Hosack, of New York, by whom he was frequently quoted as authority in his lectures on the theory and practice of medicine. He likewise spent some time as the student of Dr. J. A. Hendry, of Ringoes.

He commenced practice at Rowland's Mills, on the south branch of the Raritan, staid but a short time, and removed to Everittstown, in Alexandria Township, where he resided until his death, attending to a very extensive practice in Hunterdon County, and riding frequently into Pennsylvania, which he attended to in all weathers and all conditions of roads, and they were frequently in very bad order in those days.

He was an honorary member of the Medical Society of Philadelphia, a good practitioner, rather conservative; never gave a patient up while there was the least hope, and where there was none, would endeavor to soothe where nothing else could be done; was honest with his brother practitioners.

He was a stout-built fleshy man, with thin hair, blue eyes, and florid complexion; was very active considering his corpulency, and may be literally said to have died in the harness, in the midst of his usefulness, several patients being prescribed for to a time beyond his death, and took medicine prepared by his hand after he was gone. He died of acute rheumatism, first attacking the limbs, and thence removing to the muscles of the chest.

He was very fond of agriculture, and together with his other business, superintended the concerns of his farm with great skill. No one in the county killed better stock than he, or had a better garden.

He was gentlemanly in his intercourse, modest and instructive in conversation. After an acquaintance of thirty years, I cannot call to mind an anecdote or conversation by him that would not bear to be repeated in any company—a rare thing among the profession—too many of whom are not guarded enough.

He married Miss Catharine Case, only child of Samuel Case, Esq., and his wife Elizabeth. He left but one child, Elizabeth, wife of Baltus Pickel, Esq., of Trenton, to inherit his valuable property, partly acquired by his parents,

partly by marriage, and much increased by his own industry and good management.

His remains were interred in the cemetery of the Mount Pleasant Presbyterian Church, Alexandria, where a handsome obelisk bears this inscription:

On the obverse, HENRY HOLCOMBE, M. D.,
On the reverse, Graduated
at the
College of New Jersey, 1818,
At the University of Pennsylvania, 1821.
Practiced Medicine in
this township
37 years.
On right-hand side, HENRY HOLCOLMBE, M. D,,
Born
August 5th, 1797,
Died
April 7th, 1859.
On left-hand side, CATHARINE HOLCOMBE,
Born
August 25, 1799,
Died
Dec. 6th, 1866.

JOHN B. PRICE. Dr. Price, our twentieth member, the first one recommended by the Board of Censors of this Society to the President of the Medical Society of New Jersey for license to practice, and the first to join it by application for that purpose, was the son of General Nathan Price, of Ringoes, in this county. He read medicine with Dr. William Johnson, of Whitehouse; was examined by the Board of Censors, Drs. John McKelway, John Lilly, Wm. P. Clark and Henry B. Poole, October 22d, 1822, before our Society, and recommended for license, and became a member of this Society by regular admission, May 23d, 1823. Very shortly afterward he moved to Sunbury, in Northumberland County, Pa., where he resided and practiced. He is said to be dead.

ISRAEL L. CORIELL. Dr. Coriell was admitted a member of the Society May 24th, 1824, being the twenty-second name on the roll. He was then living in Milltown, Kingwood Township, and practicing there; was popular. At the annual meeting, 1826, he read a paper on "Cynanche Trachealis," and at the next annual meeting was elected President of the Society, and the same year was one of its Board of Censors. He was an active member of the Society during the first stage of its existence. He obtained the body of Jim Bunn, the black boy who was hung in Flemington, November 28th, 1828, for the murder of Mrs. Beachs, with a horse yoke, because she would

not lend him a gun, and with Dr. J. F. Schenck dissected him in the oil mill of John Runk, Esq., at Milltown. The skeleton was given to Dr. Chas. B. Ferguson, who then resided at Pittstown, where it is asserted that Daniel Pelts, for a quart of whiskey given to him for that purpose, swallowed both its eyes, which, Daniel said, staid down very well, but a snake's egg, as he said himself, afterward swallowed by him, would not stay down. The snake alleged by him to have been thrown up from his stomach, was for a long time exhibited in the Museum in Philadelphia.

Dr. Coriell was killed by being thrown from his sulky in the neighborhood of Locktown. He was a native of Somerset County, and his friends took his remains to his native place for interment. He left no family, not having married.

A stronger resolution to resist the temptations so common in those days, might have saved one capable of doing much good both in society and the profession.

His worth was acknowledged by the profession, and valued by many friends who mourned his fate.

JOHN F. SCHENCK. Dr. Shenck, the twenty-first name on our roll, is the son of Dr. Henry H. Schenck and his wife, Ellen Hardenberg, daughter of the Rev. Jacob Hardenberg, minister of the Reformed Church at Raritan, Somerset County, N. J. He was born at Neshamie, in June, 1799, studied Medicine with his father and Dr. Henry Van Derveer, of Royceﬁeld; attended lectures at the College of Physicians and Surgeons, New York; commenced practice at the head of Raritan river, in Somerset County, remaining there about a year, when he removed to Flemington in 1822; admitted to the Society in 1823, is its oldest member in the county, and, with the exception of Dr. W. A. A. Hunt, the oldest practitioner in the county. He has held all the offices in the Society with satisfaction to the Society, and was on the 12th of May, 1868, elected an honorary member of the Society.

GEORGE W. CASE. Dr. Case was admitted to membership in the Society May 3d, 1825. His name stands twenty-fourth on the roll of members. He lived in Hopewell, and practiced there; never married, is said to have been a good practitioner, somewhat eccentric in his ways. I often heard my preceptor, Wm. D. McKissach, speak of him during my reading, and wish now I could remember what he said of him. I only know that he spoke of him as an able practitioner, with some eccentricities in regard

to managing his own affairs. He was buried in Hopewell, and "not a stone tells where he lies."

Since writing the above, I have received from a member of the profession the following: "Dr. G. W. Case, of the township of Hopewell, a native of one of the Eastern States, practiced in that location about thirty years. He was a well educated man, cannot say of what medical school. I have advised with him very often professionally. Although taciturn and eccentric in his manners, he was a popular and successful practitioner, and one of those rare men that was never married. Part of his time he did his own household business, seemed to be very frugal in his affairs, and yet amassed no pecuniary property, and died about the year 1840, his own executor. Dr. Case was, however, much respected in the circle of his movements, and his reticent manners passed off for wisdom."

> "His level life was but as smouldering fire,
> Unquenched by want, unfanned by strong desire."

DAVID P. HUNT. Dr. David P. Hunt was the son of Rev. Gardner Hunt, of Warren County, N. J., a graduate of Princeton in the Closs of 1818. He read with his cousin, Dr. W. A. A. Hunt, of Clarksville; was examined by the Board of Censors, Drs. John Bowne, John McKelway, H. B. Poole and John Lilly, May 4th, 1824, and on May 2d, 1826, admitted to membership, being the twenty-fifth name on the roll of members. He moved to Marksborough, in Warren County, where he practiced but a short time, and died there, not leaving any family. He commenced business life with very flattering prospects of success, was very popular as a practitioner, a young man of more than ordinary talent, but not endowed with sufficient resistence to the allurements and temptations of the times. He died pitied and regretted by all who knew him.

JOHN HONEYMAN. Dr. John Honeyman was admitted a member of the Society May 1st, 1827, his name standing twenty-sixth on the roll. He continued a member until May 13th, 1856, when, asking a dismission, he was honorably discharged. He is still living and practicing in New Germantown.

I am under obligations to him for his promptly answering my letters in regard to the profession in that place, and for much valuable information that I could not receive elsewhere.

MERRILL WHITNEY WILLIAMS. Dr. Williams was an Eastern man. He taught school in Ricefield, Somerset County, and read some time with

Dr. Lawrence Van Derveer. Commenced practice in Ringoes, in 1827, on the removal of Dr. John A. Hendry. Was admitted to the Society in 1828, being twenty-seventh on the roll, and was made Vice-President. He continued there one and a half or two years, when he left, Dr. Cicero Hunt purchasing the property, where he still lives. Dr. Williams married Miss Duryea, of Millstone, before commencing practice. When they left Ringoes they went to Somerville, staid a short time, and from thence to the city of New York.

JACOB E. HEDGES. Dr. Hedges was admitted to the Society May 3d, 1836, the twenty-ninth on the roll. He was then, and for some time afterward, practicing at Milford. He was a native of Somerset County, son of Wm. J. Hedges, Esq., a merchant of Somerville. Was a popular practitioner, and might have been still more useful. He married Miss Disborough, daughter of Daniel Disborough, Esq., of Milford, a beautiful and accomplished lady. They had no children.

During the first of his practice, Dr. John McGlougher was living, with whom he was on very friendly terms. He recommended him highly, and Dr. Hedges soon acquired a good practice, of which he was cut short at an early day by death. His remains were interred in the grave yard attached to the Presbyterian Church in Mount Pleasant, Alexandria, where a stone at the head of the grave bears this inscription:

Sacred
To the Memory of
Dr. Jacob E. Hedges,
Who Died
July 22d, 1841,
Aged 29 years and 3 months.

Noble, generous, free-hearted, he
Was early called away from friends
Who deeply mourn his untimely death

Art is long, and time is fleeting,
And our hearts though strong and brave,
Still like muffled drums are beating,
Funeral marches to the grave.

WM. DURYEA. Dr. Duryea, the thirtieth name on the roll, was admitted May 3d, 1836, and marked honorably discharged. At the time he was admitted he was practicing in Flemington. He was a graduate of the University of Pennsylvania, (1833.) Was the son of Col. H. B. Duryea, of Blawenburgh, Somerset County. He staid but a short time in Flemington, and removed to the West, where it is said he died.

LEWIS RANDOLPH NEEDHAM. Dr. L. R. Needham was born in East Haddam, Conn. His father died while he was young; he was brought up by his mother's brother, Col. White, of that place. He came to Stillwater, in Sussex, engaged in teaching school there, and afterward taught school on the east end of Long Hill. Read medicine a short time with Dr. Jeptha B. Munn, of Chatham, then came to Perryville, and finished his reading with Dr. J. Blane; attended medical lectures in New York, and was examined by the Board of Censors of the Eastern District of the Medical Society of New Jersey, in Morristown, 1835. The Board of Censors consisted of Drs. L. A. Smith, A. Camfield, G. R. Chetwood, D. M. Sayre, L. Condit, J. B. Munn. They met in Morristown. He was recommended for and received his diploma to practice. He then entered into partnership with his friend, Dr. Blane, which continued until his decease. He joined our Society at the remodeling of the same, in 1836, being thirty-first on the roll, and was its Secretary. He married Miss Susan F. Sayre, of Madison, Morris County, by whom he had two children. Electa is buried by his side. The other, a son, was born since his decease, and is still living.

Dr. Needham was about five feet seven inches high, system well developed, florid complexion, light blue eyes, hair inclining to sandy and quite thin, nearly bald. He was possessed of a good share of energy, and made his way to a good standing in the profession through many difficulties. He was cheerful in company, fond of anecdotes, industrious in the practice of his profession, and jealous of its dignity. He died of tuberculosis, which commenced immediately after a fall or upset of his sleigh, in the winter preceding his death.

His remains were buried in the Bethlehem Presbyterian Church-yard, in Union Township. A stone standing at the head of his grave, bears this inscription:

In
Memory of
Doctor
LEWIS R. NEEDHAM,
Who Died
Nov. 12th, 1841,
Aged 35 years
And 4 months.

JOSEPH A. LANDIS. Dr. Landis was admitted into the Society on the reorganization of the same, May 3d, 1836, and stands thirty-third name on the roll. He located at Ringoes, staid say two years, and went thence to Pennington, Mercer County, and from thence went South, and afterward

settled in Hollidaysburg, Penn. He was a well educated young man, of the Baltimore Medical School.

JOSEPH WELLING. Dr. Welling, a graduate of Jefferson Medical College, was, on the reorganization of the Society, admitted a member, his name standing thirty-fourth on the roll. In the division of the county we lost him.

JOHN MANNERS. Dr. Manners, whose name stands thirty-fifth on the roll, was the son of John and Rachel Manners, and a native of Hunterdon County. He went to Philadelphia and read medicine with Drs. Benjamin Rush and Thomas Cooper, and graduated at the Medical Department of the University of Pennsylvania, in 1812, and in 1816 received the honorary degree of A. M. from the College of New Jersey. Some time after which he returned to his native county, and located at Flemington a short time; afterwards locating between Hamden and Hunt's Mills (now Clinton), calling his place "Belvoir," and still later at Clinton, where he resided until he died.

He was admitted a member of the Society May 3d, 1836, on the re-organization of the Society. After its second re-organization he took but little interest in the Society; his last appearance there was on May 7th, 1850. He was a member of the Senate of New Jersey for three years just before his decease, the last year of which he was President of that body.

He likewise read law with the late James M. Porter, of Easton, Penn., and was licensed to practice in the highest courts in the United States.

He had a very exalted opinion of blooded stock, kept horses, fowls, &c., of that kind; had a very retentive memory in regard to their pedigree. He was a great admirer of Southern Chivalry, and their peculiar institutions. He rode on horse-back a good deal, a mode of traveling for which he was not well calculated, having at an early day had some disease of the hip-joint, one limb was something shorter than the other, and prevented his managing his horse gracefully. He was dignified, and many people thought him vain; he had his own peculiar views and ways, but withal, was a very genial companion.

As a practitioner he was honorable with his neighbors in the profession. He died of dropsy of the chest, June 24th, 1853, and by his will which is duly recorded in the surrogate's office, ordered his body to be buried in the cemetery at Trenton, where he ordered a monument of the best Italian marble to be erected over his grave, bearing this inscription:

"Erected to the memory of Hon. JOHN MANNERS, Esq., A. M., M. D., and Counsellor at Law of the Sup. Ct., U. S. A. The friend and Medical pupil of Benj. Rush, M. D., LL.D., Philadelphia. The friend, the pupil, and the son-in-law of Thomas Cooper, M. D., LL.D., &c., of South Carolina. And the friend and correspondent of Thomas Jefferson, L.L.D., of Virginia, formerly President of the United states,

Born April 8th, 1786, and Died ——."

And he ordered the remains of his wife to be removed from Clinton and buried by his side, with the same kind of monument, bearing this inscription:

"This monument is erected to the memory of ELIZA MANNERS, wife of the Hon. John Manners, Esq., A. M., M. D., &c., and daughter of the late Thomas Cooper, M. D., L.L.D., &c., of South Carolina. Born in the city of Manchester, England, February 1790. Married in Philadelphia, August 2d, 1810. And died in Clinton, New Jersey, April 16th, 1840."

All to be inclosed in an iron fence, which was scrupulously performed by his executors. They left no children.

HENRY SOUTHARD. Dr. Southard was a native of Somerset County, son of the Hon. Isaac Southard, and grandson of Hon. Henry Southard, of Revolutionary fame. He located at Flemington, and moved to Reaville, in our county, and was one of the commissioners to re-organize the Society in 1846, July 14, being the thirty-eighth name on the roll, was Secretary of that meeting. He was appointed by the Medical Society of New Jersey a Censor for 1847, and acted as such at the annual meeting May 3d, of that year. On October 26th, 1847, he asked for and received an honorable discharge for the purpose of joining the Somerset Society.

Before locating in our county, he had lived and practiced in Ashbury, in Warren county in 1834; a short time he had lived in Danville, Belvidere and Phillipsburg, where he married Miss Louisa Maxwell.

On May 1st, 1849, being present with us, he acted by our invitation as Censor in the examination of Drs. Wm. Schenck and Sylvester Van Syckel. He was an excellent Censor.

He lived and practiced in Somerville, where he died, pitied, beloved, regretted. In that beautiful "city of silence" on the bank of the Raritan at Somerville, standing at the head of his grave, I find a stone with this inscription:

HENRY SOUTHARD,
Born
March 27th, 1811,
Died
Oct. 13th, 1859.

Beside two little graves of the children of Henry and Louisa Southard.

BENJAMIN DAVIDSON. Dr. Davidson being thirty-ninth name mentioned on our roll, was one of the commissioners to re-organize our Society in 1846, July 14, a duty he did not perform, Dr. John Bowne being substituted in his place. He was considered as honorably discharged by ——— The only claim he has on us to notice was his being appointed a commissioner.

JOSIAH QUINBY. Dr. Quinby, admitted May 3d, 1847, being the fortieth on our list, was the son of Josiah Quinby of Hanover township, Morris county, was born February 2d, 1783. He read with Dr. John S. Darcy, attended lectures in New York 1815 and 1816, and located at Readington shortly afterwards, where he continued to practice until he died. He married, in March, 1818, Miss Margaret Dalley, daughter of William Dalley, Esq., of Readington township, whom he left a widow with five children, William D., now practicing Dentistry at Mount Pleasant, Phoebe Ann, Catharine, Josiah and Margaret. He lived on the road leading from Readington to Centreville, about equi-distant between them; he afterwards lived on a farm on the road leading to Pleasant Run, known as the Aray Farm, where he died.

He was a man of easy and kind disposition, very moderate in his charges, and very diffident in his collecting, of which fact, no doubt, some took advantage, to his and his family's injury.

In the new cemetery attached to the Readington Church, on a large headstone you will find the following memorial:

In
Memory of
JOSIAH QUINBY, M. D.,
Who died
February 14th, 1854,
Aged 61 years and 12 days.

Let friends forbear to mourn and weep,
Whilst sweetly in the dust I sleep;
The toilsome world I left behind,
A glorious crown I hope to find.

JOHN H. PHILIPS. Dr. Philips became the forty-second member of our Society May 3d, 1847; afterwards honorably discharged, he becoming a member of the Mercer county Society. He joined us because they had no Society at that time in Mercer.

ALBERT S. CLARK. Dr. Clark, elected by the Society May 1st, 1849, whose name stands forty-sixth on our roll. He was then practicing at Quaker-

town. He took honorable leave of the Society at the annual meeting, 1856, and went to Bushnell, Illinois, where he still lives, practicing and speculating in merchandise and other property.

JAMES PYATT. Dr. Pyatt was admitted into the Society November 15th, 1849, being the forty-seventh on the roll. In 1851 he was elected Vice-President and the following year was elected President, but refused to serve. He was a native of Middlesex county, read medicine with Dr. Freeman, of Woodbridge, attended medical lectures in New York, and located at the Boar's Head in then Amwell, where he resided until his death, continuing to practice until within a short period of that event. He married Miss Sarah King, daughter of Jeremiah King, a wealthy land holder in that neighborhood, whom he left a widow with three children; John, who is since deceased, leaving no children, J. King Pyatt living in Flemington, and daughter Rachel, who married Mr. Daniel Rittenhouse living at Flemington. He was active, energetic and healthy, had, a good part of the time, a large practice, most of which was at that time in a neighborhood of poor roads. He likewise for several years kept the Boar's Head Hotel. His remains were interred in the burying-ground attached to the Old School Church, in Baptisttown.

It is a beautiful spot for the repose of the weary; but like many more such places, not kept with the care that might be expected by a stranger to the place, and particularly when they see everything else done up in neat and seasonable style.

On a good-sized stone standing at the head of the grave I find the following:

DR. JAMES PYATT,
Died
October 26th, 1864,
Aged 80 years and 29 days.

Death is the path that must be trod,
If we would pass from Earth to God;
Clap our glad wings and fly away,
To join the blessed in endless day.

JACOB R. LUDLOW. Dr. Ludlow a graduate of the University of Pennsylvania, class of 1845, was admitted to the Society on May 6th, 1851, being the forty-ninth on the list of members, and was elected Secretary same day. On October 28th, 1851, he resigned and asked for his discharge; an honorable discharge was granted, and at the same time he was elected an honorary member of this Society. He removed to Easton, where he practiced until

the late war broke out, when he went in the army as surgeon, and since the close of the war has removed to Knoxville, in Tennessee.

ABM. T. B. VAN DOREN.—Dr. Van Doren was admitted May 6th, 1851, his name stands fiftieth on the roll, at that time he was practicing at Ringoes. He was a Somerset county man, was born June 15th, 1823. Married Miss Joanna Morehead, daughter of John Morehead, Esq., June 10th, 1846; practiced from Oct. 20th, 1848 to 1848 in Readington, went thence to Ringoes in the fall of 1850, stayed two years, and from there went South for his health. He returned in the spring of 1853 to Branchville, where he died.

His remains were interred in a private burying-ground on the farm on which he was raised, now owned by Mr. Lanning Nevius, near Centreville and the south branch of the Raritan, where a stone standing at the head of his grave tells us that

He died June 30th, 1853,
His wife died January 4th 1855,
Aged 26 years, 8 months and 13 days.

They left one son, named John M. Van Doren, who was born October 2d, 1849, now living in New York.

A cotemporary says of him: "He made but little headway, owing to his health failing, his lungs gave way, and the grave closed over the remains of a very worthy and well-educated medical man. Could his health have been spared him, his future no doubt would have been happy and prosperous." He was a graduate of Rutgers College, and stood sixth in his class.

WILLARD F. COMBS. Dr. Combs was born near Delhi, State of New York, was the son of Joseph Coombs of that place. Came to New Jersey and read medicine with his cousin, Alfred S. Combs, M. D., (son of Seth Combs, of Delhi), who then practiced medicine in German Valley, Morris county. He attended medical lectures in New York, and was examined by the Board of Censors: Wm. Johnson, J. R. Ludlow, John Blane, G. P. Rex and Samuel Lilly, before our District Society at its semi-annual meeting in 1851, and passed a satisfactory examination. He was admitted in the Society on the following annual meeting May 4th, 1852, and stands fifty-second on the roll, and was elected Secretary the same day (that office becoming vacant by the resignation and removal of Dr. J. R. Ludlow from the county), which office he held, filling it efficiently and promptly, until his decease.

He commenced practice at Stanton, where he stayed but a short time, when he moved to Flemington.

He married Miss Elizabeth Jones, daughter of Asa Jones, Esq., of Flemington, by whom he had two children, Frank and Caroline, whom together with their mother are still living. He was a member of the Baptist church of that place.

A gentleman of prepossessing manners, comely in person, and very sociable, which gave him a popularity seldom possessed by one so young in the profession.

He died, as was ascertained from a post-mortem examination, of pericarditis, which was not clearly manifested by the symptoms of his disease while living. His remains were interred in the cemetery of the Presbyterian church of Flemington, where a monument standing at the head of his grave bears this inscription:

In Memory of
WILLARD F. COMBS, M. D.,
A native of
Delaware County, New York,
He died August 16th, 1854,
Aged 26 years.

Past his sufferings, past his pains,
Cease to weep, for tears are vain;
Why should friends be thus oppressed?
For he who suffered is at rest.

It is a remarkable fact, that, although Flemington has had a resident physician for more than a century, and sometimes several of them, this is the only one whom we have any record of dying or being buried there.

CHARLES BARTOLETTE.* Dr. Bartolette was admitted a member May 3d, 1853, and is fifty-fourth name on the roll of members. In 1854 he was appointed one of the Censors.

He was born in Flemington, was the son of Rev. Charles Bartolette, Baptist minister of that place. His mother was Martha Rush, daughter of Peter and Hannah Rush, of Philadelphia. He read medicine with Richard Mershon, M. D., of Flemington, and attended the medical lectures of Jefferson Medical College, where he graduated in the spring of 1846, when he commenced practice in Milford, succeeding Dr. William Taylor of that place, where he continued until his death, attending to a large practice, in which he was very successful.

He was a good practitioner of both medicine and surgery. He married

* For Obituary, see page 203 of Transactions of Medical Society of New Jersey, 1867.

Miss Anna Carpenter, daughter of George Carpenter, Esq., and Ellen his wife, of Milford, on the 8th of March, 1851, and left her surviving with four children, namely: Ellen, Peter, Louisa and Charles.

He was about five feet eight inches in height, well proportioned, brown hair, expressive blue eyes, frank open countenance, good conversational powers, pleasing in address, and in every way calculated to win and retain the confidence and affection of his patients, as well as of all others who knew him.

His remains were carried to their last resting place, the Union cemetery of Milford, where a beautiful engraved stone, bearing the insignia of a society to which he belonged, bears this inscription:

CHARLES BARTOLETTE, M. D.,
Born
April 8th, 1825,
Died
March 10th, 1866.
The warm heart that throbbed for other's sorrows, and the open hand of charity, are now still in death; and await the awards of the great Physician.

A. J. McKELWAY. Dr. McKelway, then residing at Ringoes, was admitted to membership in the Society, of which his father was one of the founders, May 3d, 1853, and is the fifty-fifth name on its roll. He staid but two years, and was honorably discharged. In the war for the suppression of the rebellion, he was surgeon in the Eighth infantry regiment, N. J. Vols., commissioned Sept. 14th, 1861, and resigned April 7th, 1864.

JAMES RILEY. Dr. Riley, then residing at Lambertville, was admitted to membership May 3d, 1853, occupying the fifty-sixth place on the roll; was next year honorably discharged, and removed to Succasunna, in Morris County. In the late war he was surgeon of the Twenty-Fifth regiment infantry, N. J. Vols., commissioned October 4th, 1862, and discharged June 20th, 1863; and afterward to Thirty-third regiment infantry, commissioned July 13th, 1863, discharged July 17th, 1865. He died in Succasunna, in March, 1772.

A. H. KOON. Dr. Koon, our fifty-seventh member, was, at the time of admittance, (May 9th, 1854,) a resident of Lambertville, where he continued till 1856, when he removed to Keyport, being honorably discharged. Floated about, at length locating at Niagara Falls, where he is said to reside. As a practitioner, he has but few equals.

SIMEON S. DANA. Dr. Dana, who became our fifty-ninth member, October 25th, 1854, had lately removed from Finesville, Warren County, to Clover Hill, succeeding Dr. Rex there. He was a graduate of Jefferson Medical College, and took his diploma from the Medical Society of New Jersey, from the hand of J. H. Phillips, M. D., President, in 1852, while residing at Finesville. The following record was made on the journal of the Society, May 7th, 1861:

First, *Resolved*, That in the decease of our brother member of the medical profession, in the prime and vigor of manhood, we see and acknowledge the dealings of God with us, and bow submissively to the mandate of an all-wise and good Creator.

Second, *Resolved*, That the members of this Society recognized in Dr. Dana a conservative and good practitioner, a gentleman in deportment, and perfectly correct in his intercourse with his professional brethren, and as such we cherish his memory.

Third, *Resolved*, That we tender our sincere sympathy to the family, relatives and friends of the deceased.

Fourth, *Resolved*, That these resolutions be published in the County papers, and a copy sent to the relatives of the deceased.

He died while he and his family were on a visit to the place of his nativity in Massachusetts. The family staid some time there, returned to New Jersey, where, after residing a short time, they sold out their property, going back there again, where they are now residing. He married Miss Julia, an adopted daughter of Miss Ann Hall, of Somerset County. They had several children.

HENRY G. WAGONER. Dr. Wagoner is the son of William Wagoner, of Stanton, in this County, a graduate of the University of Pennsylvania, Class of 1853; was admitted May 8th, 1855, as the sixty-second of our members. He was then residing in Stanton. In 1859, being honorably discharged, he moved to Somerville, where he continues to reside.

DEWITT CLINTON HOUGH. Dr. Hough was, on May 8th, 1855, admitted our sixty-third member; was then living in Frenchtown, where he continued till 1856, when being honorably discharged, he removed to Rahway, where he still resides. He was surgeon of the Seventh infantry regiment, N. J. Vols., in the late war, commissioned September 5th, 1861, and discharged October 7th, 1864.

ALEXANDER BARCLAY, JR.* Dr. Barclay, the sixty-ninth name on our roll, was born in Scotland, a few months before the emigration of his

* See page 180, Transactions 1866.

father to this country. He read medicine with his father, who practices in Newburgh, N. Y. He was admitted to our Society, May 8th, 1860. He practiced his profession in New Germantown and Lebanonville, in this county, where he resided at the time of his death. It was occasioned by fracture of the cranium, which resulted in effusion and in death at the end of three days. The injury was caused by being thrown from his carriage in consequence of his horse taking fright and running away, in the vicinity of New Germantown.

On September 15th, 1862, he received the appointment of assistant surgeon in the Thirtieth regiment N. J. Vols., which he resigned March 5th, 1863.

His remains were interred in a beautiful cemetery near the village, where, on entering the gate, is to be seen a square block or base of marble intended to be surmounted by a shaft, with its capital broken off; instead of which, the broken shaft lies by its side, which, being turned over by my accompanying friends, Drs. Honeyman and Farrow, we found thereon this inscription:

Erected by
Dr. Alexander Barclay,
Of Newburg, N. Y.,
In Memory of
DR. ALEXANDER BARCLAY, JR.,
Born in Aberdeen,
Scotland,
Jan. 9th, 1832.
Died at his post here,
June 18th, 1865,
Aged 33 years.

They sorrowfully replaced it and visited the grave, at which stands a finely carved stone, bearing this inscription:

ALEXANDER BARCLAY, M. D.,
Died
June 18th, 1865,
Aged 33 years, 5 months,
And 9 days.

When pondering on the mutability of all earthly objects we left.

He married Miss Waldron, of New Germantown, whom he left a widow with two children, a son and a daughter. He was a man of a diversity of talent, and capable of succeeding in almost any business that he set his mind on.

THOMAS MILES BARTOLETTE.* Dr. Bartolette, the youngest son of Rev. Charles Bartolette, already mentioned, was born in Flemington, November 4th, 1827. He read medicine with his brother, Charles, at Milford; attended medical lectures at Jefferson College, where he graduated, in 1855. He then commenced the practice of medicine at Mount Pleasant, succeeding Dr. Jacob Winters, where he continued till April, 1864, when he moved to Asbury, Warren County, where he died, September 29th, 1866. He was admitted a member of the Society at the annual meeting, at Perryville, May 13th, 1862, being seventy-second on our roll. He was Town Superintendent of Public Schools, some time, in Alexandria Township. He married Miss Amy K. Johnson, daughter of Henry W. Johnson, Esq., and Sarah, his wife, of Milford, April 2d, 1855, and leaves one child, named Evangeline.

His remains were taken to the Union Cemetery, at Milford, and interred there, not far from his brother.

"In this our world thy work is done,
We wish thee peaceful rest,
And joy which earth could never give,
The glory of the blest.
Our friend sincerely loved and mourned,
With us no more thou'lt dwell,
We murmur through our blinding tears,
Farewell, a long farewell."

BERIAH A. WATSON. Dr. Watson, the seventy-second name on the roll, then living at Whitehouse, was admitted to the Society at the annual meeting, held at Perryville, May 13th, 1862. He received the appointment of assistant surgeon to the Fourth infantry regiment, N. J. Vols., March 26th, 1863, was promoted to surgeon November 25th, 1864, and left the army July 9th, 1865. He now lives and practices in Jersey City.

JAMES HERVEY STUDDIFORD†. Dr. Studdiford was elected the seventy-sixth member of this Society at its semi-annual meeting, held in Lambertville, October 25th, 1864. He took an active part, and was at the annual meeting of 1866 elected First Vice-President, and 1867, President, which offices he filled to the entire satisfaction of the Society.

At the annual meeting of the Society, held in Flemington, April 19th, 1870, Dr. S. Lilly announced his death, and offered the following resolutions, which were unanimously adopted:

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* See page 205, Transactions Medical Society of New Jersey, 1867.
† For obituary, see page 97, Transactions Medical Society of New Jersey, 1870.

Resolved, That this Society has heard with profound sorrow of the death of their fellow member, J. Hervey Studdiford, M. D.

Resolved, That in the death of J. Hervey Studdiford, this Society has lost one of its most useful and honored members, the profession an intelligent, skillful and successful practitioner, the community a genial, honorable and highly respected citizen, the church a consistent, humble christian, an efficient officer and shining exemplar, and his family and friends a son, brother and companion of whom the most favored might well be proud.

Resolved, That the members of this Society, while they condole most sincerely with all the bereaved in the loss sustained, can point to the consolation, that he is now reaping the reward of a well-spent life, however short, in the mansions of bliss beyond the skies.

Resolved, That a copy of these resolutions, properly attested, be sent to the family of Dr. Studdiford, and published in the Lambertville, Clinton and Flemington papers, and the Medical and Surgical Reporter.

He died in the town in which he was born; was the son of Rev. P. O. Studdiford, D. D., who for forty-five years was the pastor of the Presbyterian Church of that place, and grandson of Rev. Peter Studdiford, for many years the beloved pastor of the Reformed Church at Readington.

"He graduated at the College of New Jersey, with high honors, in 1852; read medicine with his uncle, Dr. Josiah Simpson, of the medical staff, U. S. A. Attended his first course of lectures at the University of Pennsylvania, and his second course at the University of New York, from which he received his degree as Doctor of Medicine, in June, 1854."

In May, 1856, he settled in Quakertown, succeeding Dr. A. S. Clark. In August, 1857, removed thence to St. Paul, Minnesota; returned to his native place, September, 1859, where he continued to reside, until his death, and practiced his profession until within a short period of that event.

His remains were interred in that beautiful depository for the dead, the Mount Hope Cemetery, being placed in the grave by the tender hands of brethren in the the profession.

"His resting-place is noted by a stone
Of whitest marble: truthful words are those
Inscribed thereon. The scene of his repose
Befits his life—'twas beautiful and calm—
In meekness and in love he went his way,
Uprightly walking—filling up the day
With useful deeds. He often poured the balm
Of healing into wounded breasts; nor sought
The praise of men in doing good."

This massive slab, resting on a foundation from the bottom of the grave

to the surface, laid in the Moravian style, is very neat and appropriate. It bears this inscription:

JAMES HERVEY STUDDIFORD, M. D.,
A Ruling Elder
In the Presbyterian Church,
Of Lambertville,
Born Sept. 12th, 1832,
Died March 23d, 1870.

JOHN R. TODD. Dr. Todd graduated in the College of Physicians and Surgeons, New York, March 10, 1864; was commissioned assistant surgeon of the Second Cavalry, N. J. Vols., April 15th, 1864, discharged November 1st, 1865, when he located at Lebanonville, January, 1866, and on October 23d, of that year, was admitted to membership in the Society, his name occupying the eighty-second place on the list or roll of members. At the annual meeting of the Society, April 18th, 1871, Dr. Todd having asked for dismission, on motion it was voted to give Dr. Todd a certificate that he is in good standing in this Society. Signed by the officers of this body. He moved to Omaha City.

This brings us to the fiftieth anniversary of our Society, which met April 18th, 1871, and continued by adjournment to May 23d, at which time the Medical Society of New Jersey met with us, when we elected Drs. John McKelway and Henry S. Harris honorary members of our Society, and delegates to the American Medical Association, J. F. Schenck, J. Blane, and M. Abel, with which Association we have held ourselves represented since 1848.

We have of late sent delegates to our neighboring Societies, and received delegates from them, a custom which, if continued, may be the means of doing much good to the profession.

All things considered, we have been prosperous and favored far beyond what might have been anticipated.

This has been to me a duty, and under any circumstances but ill health would have yielded the greatest pleasure. I remember well what pleasing assurances I had, two years ago, on my appointment, that I would receive help from all the members of the Society, and that it has been several times reiterated, and when called on for it by letter, I have the pleasure to say that my friend, Dr. John Honeyman, was the first to respond, and gave me such information as I could not receive elsewhere. Our brother member,

Dr. S. Lilly, responded timely and acceptably; so did our young brother, Dr. Theo. Studdiford, and likewise Dr. N. Case, who took me to many different places in quest of information, and did himself collect valuable information for me. Dr. Henry S. Harris responded to my letter, and gave me such information as I could not get elsewhere, and Dr. M. Abel gave me some valuable information. I received two letters in answer to many sent, from members of the profession not of our Society, which are perfect models of vagueness and want of information on the subjects sought for.

And this is all, except in relation to Dr. E. Porter. I received a letter from Mr. H. Hamman, of Easton, through whom I received valuable information, and more particularly the one from Samuel Moore, Esq., which you have just heard read. I feel under obligations to them all. *And* I have charity enough to believe that every one of you who so kindly offered to assist me, meant at that time to do so, and if you could only realize what a little help from each one of you, which would not have cost you much time or anxiety, would have saved me in time and traveling, I am sure you would have done it, and the work would have been completed. I only wish that you should feel as sorry for it as I do.

I heartily thank you for the honor conferred on me by the appointment, and hope that when your memory comes to be embalmed, some one more worthy of the station than the present incumbent, will be found to attend to it. We are making history. Time is blotting out its remembrances. In order to save, we must store up, not one alone, but one and all, then the labor of the future historian will be light, and the labor a pleasant one.

Before bringing this report or history to a close, let us, from this standpoint, look back upon the past. At the time we came into existence as a Society, our country was poor, having cleared up the debris of the second war for our Independence, many, very many, just emerging from a state bordering on bankruptcy, and many really bankrupt, and the farming interests of our country badly crippled. Wheat was but little raised, rye and corn from twenty-five to thirty cents per bushel, oats from twelve to fifteen cents per bushel, butter from eight to ten cents per pound, and all other products of the soil in proportion. There was but little to encourage except that indomitable energy for which our people are so noted Labor was low, and much competition even at that. There was but little encouragement to enter the professions. Many who did so had their faces turned toward the West, just then opening on the vision of Europe and the "rest of mankind," and such of them as went there with proper views of their situation, and accommo-

dated themselves to it, became bright and shining lights in our profession. Some who commenced reading Chesselden's Anatomy, Cooper's First Lines on Surgery, Bard's Compend of Midwifery, Bichat's Physiological Researches, Cullen's First Lines on the Theory and Practice, and Murray's Materia Medica, mostly all printed in Europe, (chemistry as a branch of the healing art was comparatively little known then,) assisted in having at their side a copy of Quincy's Lexicon, which, owing to the great demand for such a work had been reprinted in New York, in 1802, and who were fortunate enough to have the opportunity of attending a course of medical lectures, in one of the five or six schools then open in our country, and enjoyed the enviable privilege of riding on horseback two or three times a week with the old Doctor—having got this start, and making a judicious use of it, arrived at eminence. I need not mention names, your recollection will furnish them. Those who staid here, whether graduates or not, had to undergo examination from the Boards of Censors of the different District Societies, which were generally much more rigid and exact than the examinations by the Professors of the Colleges. Some were accused of being personally so, from fear of the applicant becoming a rival in business. But I think such instances were rare. But in the face of all this, such has been the growth of our population and the development of our resources, that not we alone, but our whole country, has grown exceeding all comparison.

When so much has been done the past fifty years, with no better start, what may not be expected the next fifty, with all the improvements of the profession in your hands, with your Societies all in operation, with the foundations and underground work done, and naught for you to do but rear the superstructure?

Having brought the duty assigned me to a close, as near as the difficulties of the undertaking will admit, I humbly submit them to you, for your approval or disapprobation, as in your judgment you shall see fit to decide.

Flemington, October 17, 1871.

Which having been read before the Society, at its semi-annual meeting 1871, the Society adopted the same, and appointed Drs. Samuel Lilly and Henry B. Nightingale a committee, together with the historian, to bring this history before the Medical Society of New Jersey, at its next annual meeting, for their action in the matter, and requested the historian to continue his medical history of the county, and prepare the same for the same purpose.

And now let us examine if this is our whole duty to our brethren in the

profession. Why should we cherish the memory of the members of our Society who have lived in the last fifty years, while that of others, equally worthy, be left to "fade as doth the leaf;" why not preserve the memory of those who lived one hundred years ago, nay, even from the first settlement of our county? As much as we might wish to do so, it is impossible, as even facts are fast dying out around us; much, nay most that could be had fifty years ago of the fifty preceding years, is now forever gone, and much more so, all that preceded that time. The mere name gathered from some old half-obliterated record on the head or tombstone,

> "Over which creeps the hiding moss,
> Blotting the graven words with fingers slow
> But sure,"

is the most we have. Legendary history, without corroborating evidence, is not to be depended on. In my late acting the part of "Old Mortality," trying to rescue the memory of some of our brethren in the profession from oblivion, I have run on strange ground and found several facts, and remembering the injunction of the head of our profession, "Gather up the fragments, let nothing be lost," I have endeavored to do so, and have saved them all. Here they are; I present them to assist your future historian, and render his labors more easy, as well as be of service to him who shall write the history of our profession for the State. I give them now: no time like the present. They will never appear more plainly than they do now.

> "Time knows not the weight of sleep or wearinèss,
> And night's deep darkness has no chain to bind
> His rushing pinions."

It becomes us to be up and doing, working while it is day, remembering that "the night cometh when no man can work."

THE MEDICAL HISTORY

OF THE

COUNTY OF HUNTERDON,

(AS ITS BOUNDARIES NOW EXIST,)

FROM ITS FIRST SETTLEMENT TO THE PRESENT TIME, 1871.

Hunterdon County was taken from Burlington, (session of the Legislature, 1713–14,) and included what now constitutes its territory, as well as what now constitutes part of Mercer, Morris, Sussex and Warren Counties. These counties were cut off March 15th, (session of 1738–9,) and just a hundred years afterward, the south part, containing the Capital of our State, became a part of Mercer, which brought us to our present bounds. As it is presumed that the profession in each county will take care of the memory of its own members, I will confine myself to the profession as it existed within its present bounds, and with those living in our immediate vicinity, and practicing within our borders.

Who the first physicians of our county were, cannot at this time be ascertained, from any source of information within my reach or knowledge. As we now exist, we are strictly an agricultural county, and this part has always been such. Its trade at an early day was through Burlington, its then county-town, and thence to Philadelphia, and afterward through Trenton and across her bridge to Philadelphia.

The main road over which its produce was carried, ran through New Hampton, via Pittstown, Quakertown, Ringoes,

Pennington and Trenton. The great east and west line was the old York road, entering the county at Clover Hill, formerly called Cuxtown, and running west, via Ringoes, left the county at Lambertville, formerly called Coryell's Ferry and since then Georgetown. Along these routes of travel of course sprung up some of our first settlements, and we might suppose afforded locations for some of her first physicians.

In addition to this, other causes operated in the settlement of different places. Furnaces, forges, &c., were established at an early day along the northern line of the county, and they no doubt had their medical assistants. Some religious societies, too, formed or were transplanted from others to this place, and might be supposed to bring something of medical knowledge with them, but of all this I can find no reliable evidence. Every neighborhood appears to have had some one who could bleed and extract teeth; some (generally German, or of that descent,) could cup. Occasionally a "handy man" could straighten a crooked bone, if it was broken, got great credit for doing so, and were called Doctors. Female accoucheurs were plenty, particularly among the German and English part of the population.

In nearly all cases, the remedies were the growth of the soil, but very little "apothecary medicine" being used, and that of the most simple kind. Lingering cases among the wealthy received attention from a great distance, Burlington, Bucks County and Philadelphia. Easton was not known to most of them, as at that time it was of little note. Somerville had not come into existence, and as a general thing not much intercourse of the north part of the county, either east or west.

In looking over the map of our county, and gathering all the information tangible on the subject, I find the following named places have been used as locations and centres for the

profession, it carries us as far back as there is any certainty or reliability to be placed on the information, to a period beyond which "gather all the clouds and darkness of dim uncertainty."

They are arranged according to the date of the first physician locating there, namely:

First—PITTSTOWN—1748.

John Rochill, from 1748 to 1798. x *

Aaron Forman, from 1794 to 1805. x

Wm. H. McKissack, from 1805 to 1807. x

John Wall, from 1807 to 1826. x

Charles B. Ferguson, from 1826 to 1831. x

Hugh Horner Abernethy, from 1830 to 1832. Now in Jersey City.

George Maulsby, from 1832 to 1835; from 1835 to '6, at Taylorsville. Now in the Navy.

Richard Gagen, from 1835 to 1837. x

Little Christie Osmun, from 1837 to 1843; he went to Virginia; is there still.

Thomas Theodore Mann, from 1843 a short time, about six months; went west.

Henry Race, from 1843 to the present time.

Greenleaf Dearborn Daggett, from 1847 to 1849. x

Second—SOUTH BRANCH AND THREE BRIDGES—1750. †

George Andrew Viesselius, from 1749 to 1767. x

Abraham Bertron, from about 1784 to —

Third—BETHLEHEM AND UPPER PART OF KINGWOOD—1760. †

Rev. John Hanna, from 1760 to 1801. x

George Campbell, from 1785 to 1817. x

Fourth—NEW GERMANTOWN—1765.

Oliver Barnet, from 1765 to 1809. x

Richard Kroesen, from 1798 to 1801; went to Ringoes. x

Isaac Ogden, from about 1805 to 1830. M. S. x

* Names having x after them are deceased, and places having † after them have ceased to be locations for physicians; M. S., Member of Society.

Oliver Wayne Ogden, from 1810 to 1840. M. S. x
William Barnet, from to say 1721. M. S. x
John Honeyman, from 1826 to the present time.
George T. Blake, from 1853 to 1857; went to Elizabeth. x
Alexander Barclay, from to 1862; went to Lebanonville. M. S. x
Byron Thornton, from Sept. 9, 1859, to April 1, 1866; now at Peapack.
William Pennington, from 1867 to the present time.

Fifth—FLEMINGTON—1765.

Dr. Creed was there in 1765 to
John Gregg, from to 1808. x
William Geary, from 1808 to about 1834. M. S. x
John Manners, from 1818 to 1819; moved near to Clinton. M. S. x
Henry B. Poole, from 1819 to 1823. M. S. x
John F. Schenck, from 1823 to present time.
William Duryea, from 1836 to M. S.
Richard Mershon, from 1843 to 1844; now in Newark.
Henry Southard, from 1846 to ; went to Reaville. M. S. x
Willard F. Combs, from 1852 to 1854. M. S. x
Justus Lessey, from 1854 to 1858; went to Philadelphia.
J. Alfred Gray, from 1855 to the present time.
George R. Sullivan, from 1865 to the present time.
Wm. Schenck, from 1848 to 1850, and from 1867 to the present time.
Henry B. Nightingale, from 1866 to the present time.

Sixth—QUAKERTOWN—1766.

Aaron Forman, from 1766 to 1794; went to Pittstown. x
Henry H. Shenck, from 1820 to 1821. M. S. x
William Watson, from 1831 to 1833; came from Delaware State; went to Michigan.
Albert S. Clarke, from 1848 to 1856; M. S.; went to Illinois.
James Hervey Studdiford, from May, 1856, to August, 1857; went to St. Paul.
Matthias Abel, from 1857 to the present time.

Seventh—RINGOES—1771.

Gershom Craven, from 1771 to 1819. x
Richard Kroesen, from 1801 to 1802; went to Lambertville.
John A. Hendry, from 1808 to 1827. M. S. x

Merrill Whitney Williams, from 1827 to late in 1828. M. S.
Cicero Hunt, from 1828 to present time.
Joseph A. Landis, from 1829 to 1831. M. S.
—— Reynolds, from 1831 to 1833. x
A. T. B. Van Doren, from 1850 to 1852. M. S. x
Jacob Williamson, in 1848 to x
Wm. Shenck, from 1850, a few months; went to New York.
Alexander McKelway, from 1852 to 1854.
Cornelius W. Larison, from 1863 to present time.

Eighth—HAMDEN—1783.

John F. Grandin, from 1783 to 1811. x
Henry B. Poole, from 1823 to 1826. M. S. x
John F. Grandin, from 1852 to present time.

Ninth—READINGTON—1784.

Jacob Jennings, from 1784 to 1789; went to Virginia. x
John Van Horn, from 1787 to 1807. x
Richard Kroesen, from 1792 to 1798; went to Germantown.
Peter Vredenberg, from 1804 or 1805, staid one year; went to Millstone.
Ebenezer Sherwood, from 1807 to 1814; went to German Valley.
John Lilly, from 1808 to 1809; went to Lambertville.
Isaac Coe, from 1815 to 1816.
Wm. A. A. Hunt, from 1817 to 1819; moved to Clarksville.
Josias Quinby, from 1817 to 1854. M. S. x
Henry H. Shenck, from to , and from 1821 to 1823. M. S. x
C. C. Hoagland, from 1836 to 1840; moved to Harlengen. x
A. T. B. Van Doren, from Oct. 20th, 1823 to 1848; went to Ringoes. M. S. x
Henry F. Salter, from 1850 to 1851; went to Lebanonville.
Wesley Creamer, from 1854, staid six months; went to Lebanonville.
Thomas Johnson, from July 4th, 1858, to the present time.
Isaac Stryker was some time at Pleasant Run.

Tenth—MILFORD—1790.

William McGill, from 1790 to 1815. x
—— Mershon, from 1815 to 1819; can hear nothing of him.
Henry S. Harris, from 1819 to 1827. M. S.
Wm. P. Woodruff, from 1830 to 1836 or '7. x

Jacob E. Hedges, from 1835 to July, 1841. M. S. x

Wm. Taylor, from 1841 to 1846; went to Schooley's Mountain, now in Philadelphia.

Thomas Theodore Mann, from July, 1841, to 1843; went to Pittstown.

Charles Bartolette, from 1846 to 1866. M. S. x.

David R. Warman, from 1859 to 1860.

Thomas M. Bartolette, a short time M. S. x

Asher Riley, from 1866 to 1872; went to Frenchtown.

George T. Ribble, from 1866 to present time.

John N. Lowe, from 1871 to present time.

Eleventh—Oakdale, or Barber Station—1790. †

—— Clark practiced in this section of country in 1790; was then an old man. I can learn nothing more of his history.

John Bowne, from 1795 to 1857. M. S. x

Twelfth—Prallsville—1791. †

John Bowne, from 1791 to 1795; removed to Oakdale.

Thirteenth—Reaville—1791.

William Prall, from 1793 to 1825. x

Zachur Prall, from 1816, a short time. x

Henry Southard, from to Oct., 1847. M. S. x

G. P. Rex, from 1854 to

Claudius R. Prall, from 1857 to 1859; went to Monmouth.

—— Johnson, in 1858, a short time.

Claudius R. Prall, from 1860 to 1861; now near Philadelphia.

Irenus R. Glen, from 1865 to 1871; moved to Pluckamin.

G. P. Rex, from 1871 to present time.

Fourteenth—New Hampton—1800

—— Holmes, the first decade of the present century.

Jonathan Axford, from 1808 to 1812; went to Clarksville. x

William Morelan, from 1810 to 1820, there and in the vicinity. x

Allen Wilson, a short time in 1831. Son of J. J. Wilson, of Trenton.

Thomas Eastburn, from 1831 to 1833.

—— Pierson, from 1833 to 1834. x

R. M. McLenahan, from 1836 to 1864. x

Howard Servis, from 1863 to the present time.

Fifteenth—Bloomsbury—1800.

Thomas Elder, the first decade of the present century. x

John Sloan, from 1820 to 1822. M. S. x

Hugh Hughs, from 1822 to 1856. x

J. M. Junkin, from 1850 to 1851; moved to Mount Pleasant.

Isaac C. Stewart, ftom 1852 to present time.

Joseph Bird, from 1862 to 1864; went to Perryville.

Jeremiah O. Hoff, from 1869 to 1870; went to Everittstown.

Sixteenth—White House—1800.

Isaac Ogden, from 1800 to about 1805; went to Germantown. M. S. x

Wm. Johnson, from 1811 to 1867. M. S. x

John B. Price, in 1823, a short time, assisting Dr. Johnson, M. S. x

Henry Field, from 1828 to 1832, assisting Dr. Johson; went to Lebanon.

John Van Cleve Johnson, from 1844 to ; went to Somerville, and from 1858 to the present time.

Thomas Johnson, from 1846 to July 4, 1858, assisting his father; went to Readington.

B. A. Watson, from 1861 to the fall of 1862, when he went into the army.

Seventeenth—Lambertville—1802.

Richard Kroesen, from 1802 to 1807. x

Thomas Bills, from 1807 to 1808½; was a Monmouth man; did not succeed.

John Lilly, from 1809 to 1848. M. S. x

Wm. Coryell, from 1826 to 1829. x

Samuel Lilly, from 1837 to present time.

Seba A. Pierson, from

Lewis C. Cook, in 1838, six months; now at Hackettstown.

William Wetherell, from 1847 to present time.

A. H. Koon, from 1853 to 1856. M. S.

James Riley, from 1853 to 1854. M. S. Died in March, 1872, at Succasunny.

J. H. Studdiford, from 1859 to 1870. M. S. x

G. H. Larison, from 1859 to the presene time.

Theodore H. Studdiford, from 1866 to the present time.

—— McCourt, from 1867 to 1868. A native of Ireland.

Lewis C. Rice, from 1869 to the present time.

Eighteenth—Lower part of Kingwood and Milltown—1807. †

David Forst, from 1807 to Aug. 6, 1821. x
Israel L. Coriell, from 1824 to 1830 or '31. M. S. x

Nineteenth—Clinton, (Formerly Hunt's Mills,)—1810.

Benj. Van Cleve Hunt, from 1810 to 1818. x
Wm. Patterson Clark, from 1821 to 1825. M. S. x
Conyngham Crawford, from 1829 to 1832. x
Henry Field, from 1832 to the present time.
John Manners, here and vicinity, from 1819 to 1853. M. S. x
—— Moore, from 1845 to 1846. Said to be in Texas.
Sylvester Van Syckel, from 1849 to present time.
Joseph B. Bird, from 1866 to the present time.

Twentieth—Boar's Head—1812. †

James Pyatt, from 1812 to 1864. M. S. x

Twenty-first—Clarksville—1812.

Jonathan Axford, from 1812 to 1819. x
Wm. A. A. Hunt, from 1819 to the present time.
David P. Hunt, in 1826 a short time; went to Marksborough. M. S. x
Wm. R. Hand, from 1826 to 1827; went to Barbertown. x
John Blane, from Jan. 1828 to 1831; went to Perryville.
T. Edgar Hunt, from 1846 to the present time.
Luther C. Bowlsby, a short time.
Robert Fenwick, from 1870 to the present time.
Wm. Hackett, from 1872.

Twenty-second—Spring Mills, (formerly called Hell Town,)—1815. †

John McGloughen, from 1815 to Sept., 1835. x

Twenty-third—Frenchtown—1820.

Edmund Porter, from June 10, 1820, to Oct. 29, 1826. M. S. x
Charles Merrick, from 1828 some four or five years; went to Riegelsville.
Wm. Taylor, from 1840 to 1841; went to Milford.
John C. Purcell, from 1841 to 1848.
DeWitt Clinton Hough, from 1848 to 1856; went to Rahway.
John C. Purcell, from 1856 to 1867; sold to Dr. Cowdrie.
S. Rosenberger, from 1856 to 1861; removed to Philadelphia.

Wm. Rice, from 1861 to 1870; went to Trenton.
C. R. Cowdric, from 1867 to Dec. 31, 1871. M. S. x
Emanuel K. Deemy, from 1868 to present time.
Asher S. Riley, from Jan., 1872, to present time.

Twenty-fourth—EVERITTSTOWN—1821.

Henry Holcombe, from 1821 to 1858. M. S. x
N. B. Boileau, from 1858 to 1868; went to Perryville.
John Q. Bird, from 1868 to 1870; went to Jersey City.
Jeremiah O. Hoff, from 1870 to present time.

Twenty-fifth—MOUNT PLEASANT.

Henry S. Harris, from 1827 to 1830. M. S.
Furman Field, from 1848 to 1851; went to Roslin, L. I.
J. M. Junkin, in 1851 a short time; went to Holmsburg, army, now at Easton.
Jacob Winter, from 1852 to 1855; went to his father's, and died there. x
Thomas M. Bartolette, from 1855 to 1864. M. S. x
Joseph Creveling, from 1870 to 1871; went to Auburn, N. Y.

Twenty-sixth—BARBERTOWN—1828. †

Wm. R. Hand, from 1828 to 1870. x

Twenty-seventh—LEBANONVILLE.—1831.

Henry Field, from 1832 a short time; moved to Clinton.
George Trumpore, from Aug., 1842, to Sept., 1845; went to Essex.
George Trumpore, from May, 1856, to Sept., 1858; went to California, Hunt County.
J. W. Blackfan, from Dec., 1845, to the present time, Sept. 20, 1861. Enlisted in Ninth Reg., N. J. Vols., March 17, 1863; promoted to assistant surgeon First N. J. Cavalry. While a private, was in all the battles that the Ninth were engaged in, and bore himself most gallantly, and was a good cavalry officer.
Robert Fenwick, from April, 1856, to August, 1857; went to western New York.
Byron Thornton, from April, 1858, to Sept., 1859; went to Germantown.
Henry F. Salter, in 1850 odd, a short time; went to Raritan, now at Montezuma, Iowa.
Aaron Burgess, from 1859 to Oct. 21, 1861; said to be in Longsdale, Pa.

Alexander Barclay, from 1862 to 1866. M. S. x

John R. Todd, from Jan., 1866, to 1871; removed to Omaha. M. S.

Wm. Knight, from 1871 to 1872; moved to Annandale.

John R. Todd, from 1872 to present time.

Wesley Cramer, was here a few months after leaving Readington.

Twenty-eighth—PERRYVILLE—1831.

John Blane, from 1831 to present time.

Lewis R. Needham, from 1835 to 1841. M. S. x

Alfred S. Combs, from 1843 to 1844; went to German Valley, thence to Ohio.

Henry L. K. Wiggin, from 1846 to 1847; now at Auburn, Maine.

W. S. Creveling, from 1851 to 1852; went to Stanton.

Isaac S. Creamer, from 1854 to 1855; to Sergeantsville.

Matthias Abel, in 1856, six months; went to Quakertown.

Wm. B. Labaw, from 1857 to 1858, some time; now at Riceville, Monmouth County.

Charles A. Voorhies, from 1864 to 1865, a short time; now in Easton, Pa.

Joseph Bird, from 1864 to 1866; went to Clinton.

Levi Farrow, from 1865 to 1866; went to Middle Valley, Morris County.

George B. Young, in 1867, six months.

N. B. Boileau, from 1868 to the present time.

Nathan Case, from 1868 to 1869; went to Asbury, thence to Musconetcong, Warren County. M. S.

Twenty-ninth—CLOVER HILL—1836.

George P. Rex, from 1834 to 1854.

Simeon P. Dana, from 1854 to 1860. M. S. x

B. B. Matthews, from 1866 to 1869; went to Bound Brook.

John N. Lowe, from 1869 to 1870; went to Milford; Rahway in 1870 to 1871.

A. S. Pitinger, from 1870 to the present time.

Thirtieth—ROCK TOWN—1838. †

—— Dunn, in 1838, (a grandson of J. Stevenson, Esq.); went west.

Thirty-first—SERGEANTSVILLE—1840.

Richard Mershon, from 1840 to 1842; went to Flemington.

John Stout, from 1842 about six months.

Justus Lessey, from 1850 to Oct., 1854; went to Flemington, now in Philadelphia, curing cancers.

I. S. Cramer, from 1855 to present time.

Thirty-second—Little York—1840.

Thomas Theodore Mann, from 1840 to 1841; went to Milford.

Jeremiah Roseberry, from 1842 to 1847; went west, to Wisconsin or Minnesota.

Robert Orton, in 1854 a few days.

Moses D. Knight, from 1861 to present time.

Thirty-third—Rosemont—1841.

John Barcroft, from 1841 to 1842; resides in Virginia.

Wm. Stout, from to 1850 x; went to Princeton and died there.

H. B. Nightingale, from 1850 to 1853.

Theodore M. Large, from 1853 to 1859 x; went to Holington, Pa., and died there.

H. B. Nightingale, from 1859 to 1866; went to Flemington.

John C. Purcell, in 1866 a short time.

Charles M. Lee, from 1866 to Oct., 1867; now teaching school in Kingwood.

George B. Young, from 1867 to Dec., 1868.

C. H. Thompson, from 1868 to present time.

Thirty-fourth—Stanton—1841.

Henry Augustus Kirkpatrick, from 1841 to 1851. x

Willard F. Combs, from 1851 to 1852; went to Flemington. M. S. x

William S. Creveling, from 1852 to present time.

Henry G. Wagoner, from 1853 to 1859; now in Somerville.

Aaron H. Burgess, from 1856 to 1859; went to Lebanonville.

Thirty-fifth—Woodsville—1846.

Frederick Gaston, in 1846 a few months. x

John H. Robinson, in 1852; stayed till fall, then went to Camden.

John H. Robinson, from March 14, 1853, to July, 1855.

Tracey E. Waller, from Bordentown, in 1856, stayed three or four weeks.

Wm. S. Janney, from Pa., from 1856 till 1869; was in the army; moved to Virginia.

Austin W. Armitage, from May 5th, 1869, to present time.

Thirty-sixth—CALIFORNIA—1851. †

Jacob K. Stryker, from 1849 to 1862. x

George F. Trumpore, from May, 1863, to June, 1864; army; now at Newark.

—— Taylor, a short time; he was a Southern man.

Thirty-seventh—CENTREVILLE—1851.

Joseph Stevenson, from 1851 to 1860; died in Somerville 1860. x

J. D. McCauley, from 1866 to 1869, and from 1869 to present time.

Thirty-eighth—FAIRMOUNT, (former Fox Hill,)—1853. †

George T. Heston, from Bucks County, from 1853 to 1854; went back again.

Byron Thornton, from August, 1854, to April, 1858; removed to Lebanonville.

Howard Servis, from 1858 to 1863; went to New Hampton.

Thirty-ninth—ANNANDALE, (formerly Clinton Station,)—1855.

Robert Fenwick, from 1855 to 1856, removed to Lebanonville.

Wm. Knight, from January, 1872, to the present time.

Fortieth—WERTSVILLE—1855. †

—— Blackwell, from (say) 1855, to 1857.

—— Martin, from 1858 to 1860.

Forty-first—MECHANICSVILLE—1860.

—— Hoffman,

John H. Bedell, from 1860 to 1862.

Thomas B. Fritts, from 1868 to the present time.

Forty-second—BAPTIST TOWN—1860.

John Leavett, from 1854 to the present time.

Forty-third—MOUNTAINVILLE—1861.

John S. Linaberry, from 1861 to the present time.

Forty-fourth—STOCKTON—1866.

O. H. Sprowl, from 1866 to the present time.

Forty-fifth—Junction—1866.

Robert Fenwick, from 1866 to 1870; moved to Clarksville.
Philip Creveling, from 1866 to 1872.
T. M. A. Hern, from 1872 to the present time.

Forth-sixth—Cokesburg—1868. †

Wm. C. Allpaugh, from 1868 to 1869; went to High Bridge.

Forty-seventh—High Bridge—1869.

Wm. Hackett, from 1869 to 1872; went to Clarksville.
Wm. C. Allpaugh, from 1869 to present time.

Forty-eighth—New Market—†

—— Robertson, a few months, but when I cannot ascertain.

Making in all 48 stations, 14 of which, namely, South Branch or Three Bridges, Bethlehem and Kingwood, Pralls-ville, Barber Station, Milltown and Lower Kingwood, Boarshead, Spring Mills, Barbertown, Rocktown, California, Fairmount, Cokesbury, Wertsville and New Market (being marked thus, †) have ceased to be the abode of medical men, they generally, at this day, preferring villages for their residences: making at this time 34 different locations or stations now occupied.

The whole number of stations have been occupied by 206 different persons as those who practiced medicine, living in the bounds of our county since 1748. Of these 84 belonged to the District Society, the other 6 being cut off in the division of the county; 28 lived and passed off the stage of action before there was a Society, and 94 lived cotemporaneously with the Society; 23 of whom are now living in the county—making all the practitioners of our county at this time to number 54, being an increase of 12 since 1866, our centennial celebration, when we had in the county 42 members, one-half of whom belonged to the Society.

BIOGRAPHY

OF SOME WHO WERE NOT MEMBERS OF THE SOCIETY.

JOHN ROCKHILL. The first reliable record we have of a regular physician locating in our county is that of Dr. John Rockhill, son of Edward Rockhill, of Burlington county, who located in Pittstown in 1748, and was physician to the Society of Friends settled in that neighborhood, and was probably induced by them to locate there. He was born in Burlington county, New Jersey, 22d day of March, 1726, studied his profession with Dr. Thomas Cadwallader of Philadelphia, and moved to this place as soon as he acquired his profession (eighteen years before the formation of the State Society), where he practiced fifty years. He died 7th day of April, 1798. His remains rest in the Friends' burying-ground in Quakertown. He was descended from an English family in Linconshire, England. His practice was very extensive, being confined only by the Blue Mountains on the north, the Delaware on the west, and meeting the practitioners of Burlington and Raritan and New Brunswick on the south and east.

He was a very energetic man, and in addition to his professional duties did much public business, and was a surveyor to the West Jersey board of land proprietors. Several of his descendants reside in that neighborhood.

Dr. Rockhill had a case that excited a good deal of interest at the time. The Indians north of the mountains had made a descent on the settlements along the Delaware, burning buildings and plundering: They destroyed the house of a Mr. Wedges, and his daughter, in running to escape, was shot through the lungs, the ball coming out in front. She was not found until the next morning, being in an extremely exhausted state. Dr. Rockhill was sent for, a distance of nearly forty miles, and attended her until she got well. She was twelve years old at the time, and afterward married a son of Edward Marshall, proprietor of Marshall's Island, by whom she had twelve children. The elder Marshall was the one who took the long walk along the Delaware, so much spoken of in the history of the times.

Mr. Rockhill married a Miss Robeson, and her brother married the Doctor's sister, the great-grandmother of our present Secretary of the Navy.

WM. D. McKISSACK. Doctor McKissack was born in Somerset county, New Jersey. His father, Dr. Wm. McKissack, practiced many years in Bound Brook, and was a very active and zealous whig during the Revolutionary war. "His mother was the daughter of Col. Wm. McDonald, who was a

valiant soldier in the British army, and emigrated to this country before the Revolution, and became an active and zealous opposer of British oppression and avarice." He was their only son, was educated at Baskingridge and Princeton, where he graduated in the class of 1802; and then pursued his professional studies in the office of Dr. Nicholas Belville of Trenton, at that time one of the most prominent men in the profession in New Jersey. He attended medical lectures in New York, and in 1805–6 located in Pittstown, where he resided say two years, when he removed to Millstone, and was elected Recording Secretary of the Medical Society of New Jersey, which office he held twelve years. He was several times Vice-President of the Society, and in 1826 the President of the same.

He was an attentive, active and zealous member of his District Society, frequently acting in its board of censors.

Besides professional duties, he filled several offices of trust and honor in his native county. In the war of 1812 he commanded a company of volunteers in defence of the State, and afterward rose to the rank of Brigadier-General in the militia of New Jersey, which office he held as long as he lived; and for one who had not graduated at a military school, was as well skilled in military matters as any man in the State.

In 1835–6 he was a member of the State Legislature.

He died at his residence in the village of Millstone, 6th March, 1853, and was interred in the grounds of the Reformed Church of that place, where a beautiful monument marks the spot.

He married Miss Margaret Ditmars, only daughter of Peter Ditmars of that place. They had five children, who reached maturity, Wm. D. McKissack, Jr., who graduated at West Point, went into the army, spent some time at Prairie du Chien, served in the Mexican War as Captain, died on his way home, and lies buried at his father's side. His other son, Peter D. McKissack, M. D., lives on the heights above the village of Millstone. I have just received the sad intelligence of his decease.

If Dr. Wm. D. McKissack had been a good financier, from the amount of business he did, and the ability of the population among whom he was located, he might have been one of the wealthiest physicians in New Jersey. He was not avaricious, a quality he inherited from his father. In them the poor had real friends in time of need. No poor person was ever distressed by the collection of bills made by the hands of either of them. He had a handsome competency, and with that was content.

He was about five feet nine inches in height, florid complexion, rather

slender build, an expressive countenance, straight as a rush, genteel in manner, affable in intercourse, a gentleman in the profession and out of it. He was fond of a good horse, and kept the best blooded ones; he was an excellent rider, and held his seat as if he were a part of it. In the military parades of that day, there was not in the whole brigade one who managed his horse with as much ease and grace as he did—and that, too, in a county proverbial for good horses and good riders.

It may be asked, why say so much about one who spent so short a time among us, and why not leave all this to be written by the historian of the District Medical Society of Somerset? In reply, I say, pray pardon me, he was my Friend and Preceptor.*

JOHN WALL. Doctor John Wall succeeded Dr. McKissack at Pittstown, in 1807; was a native of Solebury, Bucks county, Pennsylvania, where he read with Dr. John Wilson of that place.

He seemed to be a physician almost by intuition; would prescribe for and conduct a case through safely, and could hardly tell *why* he prescribed this or that remedy. He had great success, which rendered him very popular. He rode over a large district of country; charged little, and did not collect that. He was fond of hunting and fishing, and of the company of the free and easy. He was a great favorite with many of his employers, who made it a business to treat him, as they thought, very kindly, but which was really to his very great injury; it was all that many people ever paid him or expected to pay.

He used the words "that is," and "that is to say," very frequently, and almost on all occasions. Being called on to meet a neighboring physician in consultation, he showed great tardiness, so much so that Dr. C. called on Dr. Wall himself to induce him to go. Dr. Wall, after hearing a statement of the case, said. "Well, 'that is to say,' you must try the old remedy." Dr. C. says, "I have prescribed it, and it don't answer the purpose; this is an extreme case." "Well then," says Dr. W., "'That is,' if the case is an extreme case, 'that is to say,' you must use extreme remedies."

Mrs. C., whose daughter was sick, had called on Dr. Wall to attend her. Mrs. C. considered the Dr. was not giving the attention that the case required, and attributing his neglect to the doctor's spending too much time in company, drinking, etc. She said, "Dr. Wall, you doctors know that intemper-

* For resolutions, see p. 289, and for biography, p. 414 of vol. VI. of the New Jersey Medical and Surgical Reporter.

ance is very injurious, don't you?" The Dr. replied, "'That is,' we do know it." "You know that it unfits for business?" "'That is to say,' we do know that, too." "And that in the end it will destroy both body and soul?" replied, "'That is to say,' we have been told so." "Well then," said Mrs. C., "why do you doctors drink so?" The reply was, "'That is to say,' Mrs. C., the reason is we get so dry."

He never married. When he died his remains were interred in the burying-ground of the Bethlehem Presbyterian Church, now in Union township. At the head of his grave stands a stone with this inscription:

In
Memory of
DOCTOR JOHN WALL,
who departed this life
September 12th, A. D. 1826,
Aged 39 years, 7 months
And 22 days.

CHARLES B. FERGUSON succeeded him in 1826. Dr. Ferguson was a native of Pennsylvania; studied with Dr. Stewart Kennedy (who had married Dr. Ferguson's sister), and located in Pittstown in 1826, after the decease of Dr. Wall, where he continued five years, practicing with about average success, when he went back to Pennsylvania and attended lectures in the University, and graduated 1832.

He then located in Doylestown; became afflicted with rheumatism, and continued in that condition as long as he lived. His death has been attributed to dysentery, and by others to cholera, as it was prevailing there at that time. Be that as it may, it took place very shortly after taking (by mistake in the night) a quantity of a preparation of digitalis, which had been prescribed for his wife for a disease of the heart, instead of laudanum, which he was accustomed to take to ease his sufferings.

He was a young man of good talents, and made a very fair start in his profession; in a location without a rival, his prospects were good. He attempted to "walk in the footsteps of his illustrious predecessor," and in some things succeeded too well for his own and patients' good, which was very much regretted by his employers, even by those among them who had helped him on in that direction. He left many warm friends, who felt sad at his course and his departure.

RICHARD GAGEN. Dr. Gagen was an Irishman by birth: a very neat, genteel man, well read in his profession, and very successful in practice, so

far he had an opportunity. He was diffident, and not calculated to push himself forward. He would not stoop to some of the customs of the times. He resided in Pittstown two years (from 1835 to 1837), and from thence went to his brother, Dr. John Gagen, in Philadelphia, residing there some time, and from thence went south, near New Orleans, and practiced two or three years on the plantations, and died there.

GREENLEAF DEARBORN DAGGETT. Dr. Daggett was a native of Maine. He came to New Jersey in 1842, and taught school at Bethlehem (then called Jugtown), and read medicine with Dr. Wm. E. Mulhollan, of Asbury, Warren county. He attended lectures at the College of Physicians and Surgeons, New York, and graduated in 1847, when he commenced practice in Pittstown, continuing two years, when he removed to Boonton, Morris county, where he resided and practiced until his death, which took place 23d July, 1854.

He married Miss Rachel Maria Robinson, daughter of Thomas Robinson, near Baptisttown. They had one child, who did not survive its father long.

GEORGE ANDREW VIESSELIUS. Dr. Viesselius, more familiarly known by the name of the "red cheek doctor," from one of his cheeks being very red, probably a congenital affection, ("mother mark") or nævus.

He was born and educated in Holland or Germany, and emigrated to this country not later than 1749, and it may have been several years earlier. He married Miss Syche Gardiner, (pronounced by the family Gardineer.) She lived at the Three Bridges, near where they afterward resided. They had five children: Hendrick, who is said to have been fifteen years old at his father's death, Andrus, Theodorus, Margaret, and Ida (who was born November 4th, 1758, and was nine years old at the time of her father's decease.) He lived on the "old York road," half a mile from the Three Bridges, in (the then) township of Amwell, in a stone house on the top of the hill on the west side of the road.

The farm remained in the family until his son, Henry Viesselius, and Catharine, his wife, on the 1st day of May, 1797, (thirty years after his death,) sold it to Gabriel Carcuff, who took the old stone building down, and built the house now occupied by his son-in-law, Barrillia Robbins.

Dr. Viesselius was an energetic and successful practitioner, had a large scope of country to ride over, and could hardly be said to have any competition. Dr. Rockhill, at Pittstown, during all his career; Dr. Hanna, during

the last seven years; Dr. Creed, of Flemington, and Dr. O. W. Barnet, during his last two years, is all we can find of them.

The elderly people used to relate an anecdote of a man living on Fox Hill, above New Germantown, who had a sore gum. His neighbors told him he had a cancer, and should go and see the "red cheeked doctor." He went, but could not find him; but saw Dr. Barnet, then a young man, and showed it to him, and told the Dr. he had a cancer. Dr. Barnet told him it was a gum-boil, and would be well in a short time. When he came back and told the neighbors what Dr. Barnet said about his mouth, they told him Dr. Barnet was a boy, and did not know much, especially about cancers, and he must go back and see the "old red cheek doctor," which he did, and told the Doctor he and his neighbors believed he had a cancer. The Doctor looked in his mouth; "sure enough, you have a bad mouth, but I can cure it;" made a prescription, and sent the man home rejoicing, who, after his mouth was well, called on Dr. V. and paid him his bill, one guinea, and told Dr. Viesselius what Dr. Barnet had said. Dr. Viesselius told the man to call on Dr. Barnet, on his way home, and tell Dr. B. that he said he was a fool, which the man did, which made Dr. Barnet very angry, and said he would whip the "red cheek doctor" (that being the mode of settling disputes in those days) with his horsewhip. The two doctors soon met. Dr. Barnet asked angrily, "Did you send a man to tell me I was a fool?" was answered, "*I did.* But wait a moment, till I tell you. You told the man he had a gum-boil, and got nothing for it; he told me he had a cancer; I told him I could cure his mouth, and got a guinea for it; you was a fool for not taking the guinea. Dr. Barnet, who loved money, saw the point, got the lesson, profited by it, and they parted better friends than before.

Dr. Viesselius died in 1767. His remains were interred on his own land. There is no mark to show where he lies.

When he died, medical advice was so scarce that his widow was frequently called on, and she, with the assistance of a bound boy, (Jacob Tidd,) often prepared washes, salves, plasters, &c. Jacob afterward set up business for himself.

ABRAHAM BERTRON. Dr. Bertron was settled along the south branch of the Raritan, in Readington Township. He lived in a small house on the hill, near Mr. Levi Mettler's present residence. When Dr. Bertron settled there, there was no bridge across the stream at that place. Flemington was a small village. It is said he commenced here, about or a little before Dr.

Jennings did at Readington, in 1784, which is all I have been able to ascertain about him.

JOHN HANNA. The Rev. John Hanna, pastor of the Presbyterian Churches of Bethlehem (now Union) and Kingwood, was likewise a practising physician. He lived, at first, for some time in Pittstown, and moved thence into Alexandria, on a farm nearly equidistant from Pittstown and Everettstown, where he died.

He was an Irishman by birth, a graduate of Princeton, Class of 1755; a man of great industry in both professions, and not a man to shrink from anything that was a duty; a man just calculated for the revolutionary times in which he lived, and the state of society among whom his lot was cast. He set his face against intemperance, a vice at that time prevailing among the patients and profession, and by his precept and example, and frowning on the practice of daily tippling, did much to lessen it in his day and vicinity. But the time had not come for the mass of the people to appreciate such services and sacrifices.

In his daily intercourse with the sick and their families, always giving good advice, in a very short but seasonable manner, dropping here and there a word, which was mostly received very kindly, but sometimes answered in a rough manner, which the doctor seemed to enjoy, provided there was either wit or humor or sound sense in the reply.

He kept a fatherly eye on his countrymen, cheering and encouraging them in a virtuous course, and was particularly harsh and frowning upon any immoralities they might be guilty of, seeking them out, and bringing them back, if possible, to right ways again.

Forty years ago I frequently heard his old patients rehearse anecdotes and sayings of his, which in themselves were laughable and caused mirth. Each one, however, contained an arrow, aimed at some folly or doing that needed correction. He was buried in the burying-ground of the Bethlehem Church, (now of Union.) Over his grave is a slab bearing this inscription:

Sacred
To the Memory of
The Rev'd John Hanna,
Who departed this life
Nov. 4th, 1801,
Aged 70 years.

He was
A faithful Minister of the Gospel
Forty years,
In Bethlehem and Kingwood.

There is nothing said in regard to his medical career. He was very sanguine in the effect of medicine in the cure of diseases, and particularly positive of their control when properly administered in dysentery; spoke with assurance of his ability to ease and cure it;—and died of that disease.

He is said to have had one son. His daughter Mary married Dr. Holmes, then residing in Asbury, Warren county, and his daughter married Dr. Torbert.

GEORGE CAMPBELL. Doctor Campbell was the son of James Campbell, a Scotchman, living in Newtown-Stewart, County of Tyrone, Ireland, where the Dr. was born, 15th August, 1758. Having a strong love for books, and his father having means to gratify his taste, sent him to schools of a higher order, which so increased his love of learning that he continued his education in the University of Dublin, where he graduated in the arts, became the private pupil of Dr. McFarling, during his medical studies, and graduated in medicine.

The war of the American Revolution being in progress, the young doctor, impelled by the ardor of his nature and a warm sympathy for the struggling colonies, emigrated to this country, landing at Philadelphia, and immediately entered the American army, where it was not long till his abilities displayed themselves, and he was promoted surgeon, in which capacity he continued with the army until the war was over.

He then commenced the practice of his profession near what is now called Frenchtown, Hunterdon county, New Jersey. Here, becoming known in a short time, he built up a large practice, and was consulted in difficult cases by members of the profession from different parts of the State, as well as Pennsylvania; his experience in the army giving him a prestige not enjoyed by many in the profession at that time.

Here, too, he married Miss Rachel Thatcher, the youngest daughter of Jeremiah Thatcher, a wealthy farmer and prominent citizen of that place. The issue of this marriage was two children—Ann, born 7th October, 1797, and James, born 17th January, 1799, who died in his 16th year.

In the year 1812, Dr. Campbell, in the midst of a large practice and great usefulness, was attacked with paralysis so severely that he at the time lost the use of both his speech and his limbs, and was confined to his bed a whole winter season. He subsequently partially recovered, but never sufficiently to return to the active practice of his profession. In the month of August, 1818, he went to Milltown on business, and while there at the resi-

dence of Dr. McGee, had a second, and as it proved, a final attack of paralysis, which lasted but a few hours, being sixty years old.

His remains were interred in the graveyard attached to the Presbyterian Church at Kingwood (where afterward were buried Dr. Wm. McGill and Dr. Edmund Porter of Frenchtown).

His wife survived him, living with her daughter, until her decease, 14th day of February, 1837. His daughter Ann, who had married John Fine, Esq., of Warren county, after his decease, resides with her son, Christopher Fine, Esq., a practicing lawyer in the city of New York. She is now in her 74th year, and in the enjoyment of good health, and vigorous in mind and body.

Dr. Campbell was peculiarly a medical man, he was such by natural bent of mind, by choice, by education, and by a laborious and studious practice of his profession. In private life he was most affable and agreeable; he was loved and respected by all who knew him; he was an affectionate husband, a kind father and a warm friend. In person he was a short, compact, and well-built man.

Living at a time when there was much financial depression in the affairs of our country, and he not a good financier, he did not accumulate money or property as many would have done in the same situation. Many members of the profession, with less preparation, less skill, less energy, and never doing the amount of business which he did, became wealthy. He would not keep money where he saw objects of distress to bestow it upon.

He was above deceit, and never suspected it in others, which led him to be a little careless in business matters not connected with his profession, and this trait in his character was sometimes taken advantage of by crafty and designing men. For instance—his farm was situated on the road from Frenchtown to the Kingwood church, his home was on the south side of that road; the property was his, and he enjoyed it several years unmolested, but it being discovered that he had neglected to have his writings recorded, and they becoming mislaid or destroyed, he lost his home; but even then did not lose his disposition to make all happy around him.

The first physician of Flemington, 1765, was DR. CREED. Of Dr. Creed I can learn nothing more than that he was practising in Flemington in 1765, it being then but a very small place. He was most probably the first physician located there. His history is dimmed by time, as all others will soon be whose memory is not attended to.

DR. JOHN GREGG succeeded him, and practiced there the latter part of the last century and first part of the present century. I can find but little of his history. "The oldest inhabitant," (Mr. Smith) says he was a bachelor, and boarded with James Gregg. He had the reputation of being a good physician and surgeon. He was very fond of fishing and hunting, and was crippled in the leg by being accidentally shot by a fellow hunter. That early in this century he left Flemington and went into Pennsylvania; from which circumstance, and the assertion that there were three brothers, physicians, whose names correspond, it is presumed he was brother to Dr. Mahlon Gregg of Attleborough and Dr. Amos Gregg of Bristol in Pennsylvania. He was succeeded by Dr. Wm. Garey.

AARON FORMAN. Dr. Forman was the son of Ezekiel and Elizabeth Forman, Welsh people. It is not certain that they came to America. The Dr. came from Freehold, Monmouth county, New Jersey, in the year 1766, where he left two brothers, one of whom remained there, and no doubt was the progenitor of many of that name in that place and vicinity. The other brother went with his family to Kentucky, where, and in Indiana, are many of his descendants.

Dr. Forman was prominent both as a physician and surgeon. He was proud of his profession, and careful of his medical reputation; was prompt and faithful to his patients, and exacting in regard to strict compliance by his patients and nurses with his directions, who soon learned to know that he would not be trifled with. He early introduced the practice of innoculating for the small-pox, and had several hundred patients of that kind, whom he treated very successfully.

In religious sentiment he was Episcopalian, but marrying among the Friends, he buried his wife there, and erected (in opposition to their peculiar tenets on that subject) a grave-stone, with an inscription, which was the only one there for many years. He was characterized for great decision of purpose, which caused it to remain there.

He was a very venerable-looking man, very erect (in latter years with very white locks), with fine social qualities and a kind and loving heart.

He lived on a farm near Quakertown (the one on which J. Nixon now resides), and practiced in that vicinity from 1766 to 1794, when he moved to Pittstown. He was born 4th February, 1745, married Ann Emley, daughter of John Emley, a member of the Society of Friends, 19th April, 1769. They left six children, five sons (none in the profession) and one daughter, all now deceased. The last one was the venerable John E. Forman, of Alexandria,

who died 10th August, 1867, at the age of 95 years. Dr. Forman's remains rest in the Friends' burying-ground in Quakertown, where a neat small stone bears this inscription:

AARON FORMAN, M. D.
Died
January 11th, 1805,
Aged 60 years.

And by the grave of his wife one which reads—

In Memory of
A N N, wife of
Dr. AARON FORMAN,
who departed this life
December 13th, 1794,
Aged 52 years.

OLIVER BARNET. The first account we have of a physician at New Germantown is that of Oliver Barnet in 1765, although there is no doubt there had been help of that kind there before. He is said to have come from Orange. He had a very wide field of practice, which he cultivated assiduously, and being a good financier, he, from no other capital but his profession and a Maryland pony to commence with, amassed an estate valued at the time of his death at eighty thousand dollars.

Some time before his decease he retired from practice, and was succeeded by Dr. Isaac Ogden, whose sister he had married, and whom he left a widow. They had no children.

He was esteemed a talented and successful physician, although his patients often complained of his extravagant charges.

His remains were interred in a private burying-ground on his own lands, being a promontory of the hill extending east from the village—a beautiful spot, selected for that purpose, thirty-six by thirty feet, enclosed with a substantial stone fence, now going to ruin—the gate rotten and entirely gone. A substantial slab of good marble, lying on the ground, without reference to grave or situation, with several pieces violently broken off, informs us that it is

In
Memory of
DOCT. OLIVER BARNET, ESQR.
who departed this life
the 25th of December, 1809,
in the
66th year of his age.

It is said that this slab was placed in this cemetery by Dr. Isaac Ogden. It is the only memorial stone there; although it is asserted, and doubtless true, that Mrs. Barnet and her widowed sister (Mrs. Haines) were afterward buried there; and likewise Dr. William Barnet, say about 1822 or 1823. Dr. Oliver Wayne Ogden, his wife and sister and daughter, are all said to be buried there, he in about 1840, but no memorial-stone points out their respective resting places.

A visit to this place will effectually cure any one of the wish to be buried in a private cemetery.

GEORGE T. BLAKE. Doctor Blake was a native of the State of Maine, and graduated in medicine in the city of New York. He went to California and spent a short time there. When he returned he located in New Germantown in 1853, where he remained say four years. He then removed to Elizabeth and established an office in the city of New York for the "Cure of Cancers."

His health failing, he died from Bright's disease of the kidneys, in August, 1861, aged 41 years, and was buried in Elizabeth, where a monument is erected to his memory.

He married a daughter of Rev. W. W. Blauvelt, for many years the pastor of the church at Lamington, whom he left a widow, and several children to mourn his early departure.

GERSHOM CRAVEN. As far back as we can see through the mists of time, Dr. Craven was the first regular-bred physician to locate at Ringoes, which he did in 1771—one hundred years ago.

He was born in the year 1744, and graduated in Princeton in 1765; his father being one of the professors at the time. He attended medical lectures in the University of Pennsylvania.

He was popular, regular, persistent and successful in his profession. He reared an interesting family, to whose interests he was greatly devoted, and continued for years, after being disabled by paralysis, to labor for their comfort and good, up to the year 1812, when he became entirely disabled.

He died in 1819, leaving a widow and amiable children to inherit little or no earthly estate, but only the heritage of a good name. His remains were buried in the Episcopal church-yard near Ringoes, adjoining the Academy, where a stone bears this inscription:

In
Memory of
DR. G. CRAVEN, REBECCA
his wife, and three of their children.

Doct. GERSHOM CRAVEN
Died May 3d, A. D. 1819,
In the 75th year of his age.

REBECCA died March 3d, A. D. 1836,
In the 80th year of her age.

JOHN died June 1st, A. D. 1790,
Aged 15 years.

ELIZABETH died August 16, A. D. 1805,
In the 27th year of her age.

TITUS died Sept. 5th, A. D. 1794,
Aged 6 years.

On the right hand may they stand, saying—
"Here, Lord, are we and those thou hast given us."

CICERO HUNT. Dr. Hunt is a native of Mercer County, New Jersey; studied medicine with Dr. James T. Clarke, of the city of Trenton; attended the lectures of the College of Physicians and Surgeons, then located in Barclay street, New York, where he graduated in the Spring of 1825. One of the trustees of the College being his friend, he was appointed resident physician to the New York Hospital, in which he continued one year. Soon after leaving the hospital he located in Cranberry, Middlesex county, New Jersey, where he practiced one year, from whence he went to Antauga county, State of Alabama. Being of a Northern temperament, his health soon yielded to the malaria of the river bottoms of that State, and, after the stay of a year, he returned to his native State and located in Ringoes, in 1828, where he has worked earnestly, faithfully, in season and out of season, and has enjoyed the satisfaction of seeing many of his patients convalesce under his care, and at the same time has experienced, as we all do on many occasions, the humiliating disappointment of his best efforts put forth in vain to succor and to save.

He always felt that health was the most precious and valuable of anything this side of the grave, and the consciousness of that feeling never failed to stimulate the exercise of fidelity for the welfare of those under his care. However apparently slight may have been the manifestations of disease, he never turned away nor treated with levity, (for "*Respice Finem*,") behold the end may come from trivial causes. After a labor here of thirty-five years, he, in 1863, relinquished the practice into the hands of his then partner, C.

W. Larison, M. D., the infirmities of years bidding him to withdraw; having enjoyed the pleasures, endured the pains, the trials incident, as well as a share of the emoluments arising from professional business, he is now enjoying not his "Opium cum Digitalis," but his "Otium cum Dignitate."

(ALEX. WM.) REYNOLDS. Dr. Reynolds was a native of the State of Delaware, and graduated at the University of Pennsylvania, 1828. He commenced the practice of medicine in Ringoes, in 1831, with fair prospects of success, which did not last long, owing to his habits. He died in 1833.

His remains were taken to his native State, and buried in the grave-yard of the Episcopalian Church, six miles southwest of Wilmington, where rest the remains of Dr. Louis Springer, of Pennington. A splendid marble monument marks the spot.

He left an amiable widow and one child to mourn his early end, who retraced their steps to their native place in Delaware State.

JACOB. W. WILLIAMSON. Dr. Williamson was the son of Abraham Williamson, residing in the vicinity of Ringoes. After receiving his education, he practiced a short time in his native place, went to California, staid a short time, returned, and located in Somerville, where he had not resided long until he was taken sick, when he came home and died there. His remains were interred in the burying-ground between Pleasant Corner and Reaville, where a stone standing at his grave bears this inscription:

JACOB W. WILLIAMSON, M. D.,
Born
May 12th, 1821,
Died August 9th, 1852.

Good abilities, fair prospects, but, alas, his career was short.

JOHN F. GRANDIN. Dr. Grandin, was the son of Philip Grandin, fuller and miller, of Hunterdon County, and his wife, Eleanor Forman. He is the first one that I can find that Hunterdon County, as it now exists, offered to the profession, as a regularly educated practitioner of medicine.

He studied with Dr. James Newell, of Allentown, N. J.; was a surgeon in the navy in the Revolutionary War, visited Holland, and on his return married Miss Mary Newell, daughter of his former preceptor, and granddaughter of Dr. James Lawrence, Dr. Newell's wife being Dr. Lawrence's daughter.

He located at Hampden, on the south branch of the Raritan, had a very extensive practice, cotemporaneously with Drs. Barnet and Ogden, of New

Germantown, Campbell and McGill, of Alexandria, and part of the time with Rev. John Hanna, pastor of the Presbyterian Churches of Kingwood and Bethlehem, and who, besides his pastoral duties, practiced medicine.

He left six children, viz: four daughters and two sons, Philip and John. Of the daughters, Elizabeth married Dr. Benj. Hunt, and moved to Cincinnati, Ellen married Joseph Reading, Mary married John W. Bray, and Lucy went West and married there. His son, John Grandin, inherited the homestead of his father, where he now lives at the advanced age of 80 years, and his son, the present Dr. John F. Grandin.

Dr. Grandin died in the midst of his usefulness. He was interred in the burying-ground of the Presbyterian Church then known as the Old Frame, since that as the New Stone, and now as the Bethlehem Presbyterian Church, in Union township, formerly part of Bethlehem township. His tomb is enclosed in a neat iron railing, and on the slab that covers his grave is the following inscription:

In memory of
Doct'r John F. Grandin,
Who departed this life
July 21st, 1811,
Aged 50 years, 10 months and 29 days.

JACOB JENNINGS. The first reliable evidence we have of a physician in Readington, is that of Dr. Jennings. The minutes of the Consistory of North Branch, (now Readington,) held May 14th, 1784, says:

"Received by certificate, Dr. Jacob Jennings and Maria Canady, his wife.

Simeon Vanartsdalen, V. D. M."

He was a very pious man, had a very extensive practice; he owned and resided on the farm that Jacob G. Scomp now resides on, a quarter of a mile east of the church; he removed to Hardy county, Virginia, (now West Virginia,) and followed his profession, and held catechetical classes. He was much beloved, and urged by the people to become a preacher. He came back to New Jersey, was licensed and ordained by the Synod of the Reformed Dutch Church, of New Brunswick, in the year 1789. In the year 1791, he asked dismission to the Presbyterian Church. There was at that time no other church within sixty miles of his home.

This must have been a sad year for him. We find in a private burying-ground on the farm of Frederick S. Nevins, a short distance northwest of the church, a plain marble stone, bearing this inscription:

Here lies the body
The wife of Doct.
JACOB JENNINGS.
She deceased Aug.
the 9th, 1791, in
the 42d year of
her age.

Write blessed are the dead
Which die in the Lord.

He was the grandfather and this wife the grandmother of Henry A. Wise, late Governor of Virginia.

PETER VREDENBERG. Dr. Vredenberg began his practice as a physician at Readington, in the year 1804 or 1805, residing on the lot lying between the roads leading to Centreville and Stanton. His oldest son, since Judge Vredenberg of the Supreme Court of New Jersey, was born there. He remained here one year and removed to Millstone, and thence in 1807 to Parsippany, succeeding Dr. Henry W. Darby, and in 1810 sold to Dr. Cyrus W. Hartwell, and removed to Somerville, where he had a long and successful practice. He served five years as Surrogate of the county, was highly respected, and died at an advanced age, leaving three sons and several daughters.

ISAAC COE. Dr. Coe settled and practiced medicine near Readington, in 1815. He boarded with Mr. Abraham Gulick, in the house now occupied by Mr. Israel Schenck, about a mile and a half from the church on the old York road, where the road from Readington to Centreville intersects it. He remained about a year, and is well spoken of as a practitioner by those who knew him. Is said to have come from Philadelphia.

C. C. HOAGLAND. Dr. Hoagland was born near Griggstown, in Somerset county, graduated at Rutgers College, New Brunswick, studied medicine and attended medical lectures at Fairfield, Herkimer county, New York, located at Catskill, New York, in the congregation of his uncle, Rev. Dr. Wyckoff. In 1836, he removed to Readington, and occupied the farm and residence formerly of Dr. Jacob Jennings, but did not succeed well, either as a farmer or physician. He was favored with a volubility of words, and at times was indiscreet, in speaking publicly of the faults of others. In 1840 he removed to Harlingen, and afterward to the town of Henry, in Illinois, and engaged in the milling business, which he soon left in care of his sons, and became State Agent for the Bible Society in Southern Iowa,

which position he occupied until the time of his death, which occurred suddenly on his field of labor, A. D. 1870.

He was a warm-hearted Christian, and had he been properly educated for his duties, would have made a better preacher than physician.

EBENEZER SHERWOOD. Dr. Sherwood was born in Woodbury, Litchfield county, Connecticut, in the year 1782. His father's name was Jonathan Sherwood, his mother's maiden name was Phœbe Knap.

He is said to have commenced the study of medicine in his native State, and afterward to have come to New Jersey, and placed himself under the tuition of Drs. Charles Smith and Moses Scott, of New Brunswick, where he continued about two years, when he was licensed to practice medicine, and located at Readington, A. D. 1807, where he continued seven years. He married Miss Elizabeth Sloan, by whom he had one child, a daughter. Mother and child both died.

In the war of 1812 he received the appointment of assistant surgeon in the army, but the war soon closing, he was not called on to go.

In the grave-yard at the church in this place, there is a slab with this inscription:

In memory of
ELIZABETH SHERWOOD,
Wife of Dr. Ebenezer Sherwood,
Died Dec. 25th, 1812, in the 30th year of her age.

It has likewise an inscription to the memory of
Their daughter, ELIZABETH.

In November, 1814, he married Mrs. Elizabeth Lane, widow of John Lane, and the same year removed into German Valley, what is now known as Middle Valley, where he continued to practice till 1844, when, relinquishing practice, he removed to Peapack, where he spent the remaining nine years of his life, dying at the age of seventy-two years, of phthisis pulmonalis.

His remains were interred in the cemetery of the Reformed Church of that place. The engraving on his head-stone reads:

EBENEZER K. SHERWOOD,
Born in Woodbury, Connecticut,
June 16th, 1782,
Died
Feb. 25th, 1854.

He was of ordinary size, rather slender, his habits regular, and health generally good, until his last seven or eight years, being afflicted with rheumatism, he had to use crutches. He was a member of the Presbyterian Church.

While practicing in the Valley, he had a private institution for the treatment and relief of the insane. This was before the establishment of asylums for that unfortunate class of persons. He was a gentleman, tender husband, and kind father. He left a widow and four sons and three daughters. The eldest son, the Rev. Jonathan Harvey Sherwood, was a Presbyterian minister, and had charge of the congregation at Milford, in Hunterdon county, when he died. Marshall, the youngest, is a practicing lawyer in Iowa. The other two are farmers.

HENRY F. SALTER. Dr. Salter came from Elizabeth to Readington in 1850. He was well educated in his profession, but did not succeed in gaining the affections of the people. His plan of treatment was principally expectant—rest and time being principal remedies. From here he went to Lebanonville, thence to Raritan, from whence he used to visit some of his former patients in this place. In 1856, he removed to Illinois, where he received the appointment of surgeon in the Federal army in the war of the Rebellion. He now resides in Montezuma, Iowa.

WESLEY CRAMER. Doctor Cramer, son of William Cramer of Round Valley, after acquiring his profession, located in Readington in 1854, and left in the fall of the same year. He boarded with L. B. Stout at the store in the village. He was some time in Lebanonville, and afterward went to Aurora in Illinois, where he was practicing in 1863.

JOHN VAN HORN. Doctor Van Horn was a native of Readington. He read medicine with Dr. Jacob Jennings of that place, located in his native township, and commenced practice about 1787, living in the house with his brother, on the Old York road, about a mile and a half from the church, where he continued until the time of his death.

He is spoken of as an efficient practitioner, a man of good judgment and energetic in practice, but too yielding to the pressing solicitations of his patients and employers, for which they would afterward turn round and censure him.

He practiced about twenty years, and was found dead on the road after a dark, stormy night, some distance from home, near David Scomp's at the head of Pleasant Run. He had had some indications of epilepsy, which most likely may have caused his death. He was much regretted by his friends, of whom he had many.

His remains were buried in the Readington churchyard. A headstone marks the spot, on which is engraven:

In
Memory of
Doct. JOHN VAN HORN,
who departed this life
A. D. 1807,
In the 41st year of his age.

A message for me was suddenly sent,
My age but forty-one;
My friends, make haste for to repent,
For your time may quickly come.

He left a family; two of his daughters are said to be living in the West.

WILLIAM McGILL. The first account I find of Dr. McGill, he was practicing his profession, and living between Frenchtown and Milford, on the farm since occupied by Furman Field, Esq., and now owned by Mr. Hawk. It was at that day considered a model farm; the house is still standing.

He married Miss Lowry, daughter of Thomas Lowry, Esq., and Esther his wife, who with his father-in-law, —— Fleming, were the founders of Flemington, and he (Lowry) the founder of Frenchtown, and afterward of Milford, for many years called Lowrytown.

Dr. McGill had a large family of children, all of whom are said to be dead: Thomas, Joseph (who read with his father), William, etc. His wife survived him, and for many years boarded a physician (Dr. Mershon), who kept up the practice. This location was forerunner to Frenchtown and Milford.

Dr. McGill is represented as a very popular and good practitioner, a large portly man, dignified and genteel in deportment—without suspicion of any one, and particularly of the destroyer of his usefulness and life; he was beyond remedy before he was aware of danger, or the near approach of his mortal enemy. He died much regretted.

His remains were buried in the grounds of the Kingwood Presbyterian church, with the Lowry family. His headstone reads:

In
Memory of
DOCT. WILLIAM MCGILL,
who departed this life
June 23rd, 1815,
In the 47th year of his age.

I pass the gloomy vale of death,
From fear and danger free;
For there His aiding rod and staff,
Defend and comfort me.

Let friends no more my suffering mourn,
Nor view my relicts with concern.
O cease to drop the pitying tear,
I've passed beyond the reach of fear.

MERSHON. On the decease of Dr. McGill, Dr. Mershon boarded with Mrs. McGill, and practiced medicine. He is spoken of as a good practitioner, with the exception of being very near-sighted. It is said he was a native of Amwell. He probably left in 1819, when Dr. Henry Harris came to Milford, or 1820, when Dr. Edmund Porter came to Frenchtown (I cannot ascertain where he went). After this the villages each becoming the locations of physicians, with occasionally short intervals.

WM. PATERSON WOODRUFF. Doctor Woodruff was practicing in Milford, from 1830 to 1836 or '37. He then moved to German Valley, where he stayed but a short time, and went to Ohio, where he died 13th November, 1851.

WILLIAM PRALL. Dr. Prall was a native of Amwell, in Hunterdon county. He was the son of Abraham Prall, a well-to-do farmer of that place, who lived till he was ninety-five years old. He read medicine with Dr. Moses Scott, of New Brunswick, and entered the profession in 1793, settling and practicing near what is now called Reaville, where he continued until his death, attending to a large practice, in which he was both popular and successful.

He married Miss Mercy Reeder, by whom he had a son, who when ten years old was killed by a horse, and three other children, at one birth, only one of whom survived, and who is still living, namely, William R. Prall, Esq., of Changewater, in Lebanon township, Hunterdon county. The mother died in child-birth, September 18th, 1798. He afterward married Miss Mary Chamberlin, daughter of Lewis Chamberlin, by whom he had two daughters: Maria, who married Daniel Johnson, and Eliza, who married Thomas Hill.

His remains were interred in the graveyard formerly attached to the Presbyterian Church, (since torn down and removed), between Larison's Corner and Reaville, where a stone standing at his grave says:

In
Memory of
Doct. William Prall,
Who Died
Feb. 9th, 1825,
In the 54th year of his
age.

And by its side that of his last wife, which reads:

In
Memory of
MARY,
Wife of Dr. William Prall,
Died Oct. 13th, 1863,
In the 82d year
of her age.

His first wife was buried here, but I cannot find any monument to her memory.

ZACHUR PRALL. Dr. Prall was the son of Isaac Prall, who lived until he was 94 years old, and was a cousin of Abraham Prall, father of Dr. Wm. Prall, of Amwell. The doctor read with his uncle, Abm. P. Hageman, of Somerset county, and graduated at the University of Pennsylvania, in 1816. He located in this neighborhood, but remained but a short time, and removed to Pennsylvania, near the Willow Grove, where he died, without leaving any family.

He is said to have turned homœopathist, and to have practiced it some time during the latter part of his life.

—— HOLMES. Dr. Holmes lived and practiced in New Hampton the first part of this century. He was a popular, successful and skillful practitioner. He married Miss Mary Hanna, daughter of Dr. John Hanna. He moved into Timber Swamp, then Sussex, from whence it is said the family went to Western New York, or still further West. He came from Asbury, where he had built a house and practiced several years.

WM. MORELAN. Dr. Morelan came from Sussex county to New Hampton, in 1810, and resided there and in the vicinity ten years or more. He is spoken of both by patients and members of the profession as a popular and successful physician, and as a man who had seen better days. I cannot ascertain when or where he died.

He had been twice married, had a son William, whom he educated for the profession, and a daughter who married John Hunt, near Asbury.

He was kind, generous and confiding, loved to enjoy life in his peculiar way, and was not content unless he had a friend to partake with him. I have since learned that he came to this State from Red Lion, in Pennsylvania, and that he was very successful in treating scarlatina, which prevailed in this part of our State at the time.

SAMUEL W. FELL. Dr. Fell, a native of Wilkesbarre, Pennsylvania, located in New Hampton a short time previous to the war of 1812. He married Miss Lydia Dusenbery, daughter of Major Henry Dusenbery, and Lydia, his wife. He commanded a military company known as the "Washington Greens," who volunteered, and laid some time at Powle's Hook, now known as Jersey City, afterward at Highlands and Sandy Hook, where camp fever broke out among them, and caused several deaths. On his return home, he practiced some time in New Hampton, and then moved to Belvidere, where he died. He is said to have lost his speech for some time before his decease, either by the exposure to camp life, or fox hunting, of which he is said to have been very fond. He left an only child, a son, who afterward studied his father's profession with Dr. R. M. McClenahan, of New Hampton, and graduated at the University of New York, 1844, and shortly afterward went to England, and became noted for a time for the alleged cure of cancer. Have heard nothing definite of him lately. The last I saw mention of his name was on a tomb-stone in the Mansfield Cemetery, in Warren county, which reads:

Sacred
To the memory of
SAMUEL W. FELL,
Who departed this life
July 11th, A. D. 1824,
Aged 36 years, 3 months
and 15 days.

Also the remains of
LYDIA,
His wife,
Who departed this life March 18th,
A. D. 1839,
Aged 48 years, 4 months and 13 days.

This stone erected by their son, J. W. Fell.

—— PIERSON. Dr. Pierson was a native of Essex county. He moved to the western part of the State of New York, where he married Miss Oaks, formerly of Alexandria, Hunterdon county, N. J., and removed to New Hampton, in 1833, where he resided and practiced one year. He then went to Essex county, where he resided until his death, which was not long afterward.

He was well read in his profession, but somewhat unfitted for the more active discharge of its duties, by a paralytic affection, and sometimes by taking his own prescriptions, he unfitted himself. He left no children.

ROBERT MILLS McLENAHAN. Dr. McLenahan was the only son of Rev. — McLenahan, a preacher in the Methodist Episcopal Church. He was brought up in Pennington, read medicine with Dr. Joseph Welling, of that place, and graduated in New York.

He commenced practicing in New Hampton, in 1836, where he continued until his decease, doing an extensive business, for which he charged well, and being an excellent collector, though commencing poor, in a few years made himself independent.

He married Miss Christiann Van Syckel, daughter of Aaron Van Syckel, Esq., of Union Township, Hunterdon county, by whom he had one child that survived him, a daughter. He was gradually lessening his practice, owing to a disease of the kidneys, for which his own prescription was stimulants, which not answering the purpose, ended in great disappointment. He died. His remains were interred in the burying-ground of the Valley Church, near New Hampton, but were afterward removed to the ground of the Baptist Church, in Union Township, where a massive marble head-stone elaborately carved, bears this inscription:

R. M. McLenahan, M. D.,
Died
April 28th, 1864,
Aged 46 years, 6 months
and 9 days.

And by its side that of

Christiann,
Wife of
R. M. McLenahan, M. D.,
Died
March 8th, 1856,
Aged 28 years
and 15 days.

In the same grounds of the Valley church, near New Hampton, I find a monumental stone containing this inscription:

Doctor Christopher Mackey,
Son of
John K. and Sarah Ann
Mackey,
Died April 6, 1862,
Aged 28 years, 3 months,
and 6 days.

Life's labor done as sinks the day;
Light from its load the spirit flies;
While Heaven and Earth combine to say,
How blest the righteous when he dies.

DR. MACKEY, a native of Franklin township, Warren county, read with Dr. A. Gale of Asbury; attended lectures in New York, and practiced his profession in Warren county. He left no family.

In the grave-yard of Mount Airy Church, West Amwell, is a monumental stone bearing this inscription:

Doctor J. WATSON YOUNG,*
Born January 1st, 1840.
Graduated at the University of Pennsylvania,
Medical Department, March 9th, 1862.
Died February 14th, 1864,
Aged 24 years, 1 month and 14 days.

He was the son of Nelson V. Young, Esq., of this place; read with Dr. Wetherell, of Lambertville, and practiced his profession in Montague, Sussex county, successfully for a man of his years. Died there, and his remains were brought from that place to his father's house, and interred a few rods from the school-house where he received his early education.

He left a widow, who, since his death, has borne him a son, who bears his name, John Watson Young.

JOHN VAN CLEVE JOHNSON. Dr. Johnson commenced practice in 1844. He studied with his father, Dr. Wm. Johnson of Whitehouse, whom he assisted in his extensive practice for some time, when he removed to Somerville and assisted Dr. H. Vanderveer some time, and in July, 1858, he returned to his father's assistance, which was continued until his father's decease, in January, 1867. He still practices there, occupying his father's late residence.

THOMAS ELDER. Dr. Elder was a Scotchman (some say he was an Englishman), and wealthy; purchased at a sheriff's sale nearly or quite the whole village of Bloomsbury, after they ceased to manufacture iron in that place. He was there in the fore part of the present century, say about the first decade. He practiced to accommodate the neighbors, and not from choice, and was popular and successful in his practice.

Being used to living in large towns, where people are forced to respect the rights of others, he found a small country village not suitable to his taste—could not command that respect due to him and his family—too many liberties being taken by the domestic creatures of his neighbors, etc., annoyed him very much. The remedy prescribed by himself to soothe his ruffled feelings on such occasions proved worse than the disease.

* For obituary, see 75th page of Transactions of Medical Society of N. J., A.D. 1865.

Then an only daughter married a young man against the consent of her parents. This was a sore affliction to the family, who, disappointed in village life, sold out and removed to Philadelphia, taking the daughter along. He had two sons, one named Anthony—neither of them in the profession. Dr. Elder was a high-minded, honorable man, he was not truly appreciated by his neighbors.

When he left the place he left it with tears, he had intended to live and die there; thus emphatically verifying the adage of his countryman:

"The best laid schemes of mice and men
Gang aft agley,
And leave us naught but grief and pain
For promised joy!"

which was emphatically experienced in his case.

HUGH HUGHES.* Dr. Hughes, son of Dr. John S. Hughes, was, as was his brother, instructed in the profession by their father, after attending medical lectures in Philadelphia, and assisting his father sometimes in his extensive practice; he, in 1816, located in Washington, then Sussex, now Warren county, where he spent six years.

In 1822 he changed locations with Dr. John Sloan, one of the founders of our Society, who had been for some time previously practicing in Bloomsbury, where he continued to reside until his death.

He was a member of the "District Medical Society for the county of Warren," although his office was in Hunterdon county, and his home likewise, most of the time. He possessed in an eminent degree the confidence of the community in which he resided, and was much esteemed by his neighboring practitioners. Open, candid, unassuming, he would in no case interfere with the business of a brother practitioner, without his invitation to do so. He confined himself solely to the profession, and never meddled with anything else. He was my neighbor and friend for more than a quarter of a century. He never married.

We deposited his remains in the Greenwich church-yard, where a monument over his grave bears this inscription:

Our Brother
Dr. Hugh Hughes,
Born
March 17th, 1794,
Died
April 22d, 1856.

* See page 413 of vol. IX. Medical and Surgical Reporter, Obituary, by the writer.

RICHARD KROESEN. Dr. Kroesen was born in Readington township, Hunterdon county, and read under the preceptorship of Dr. Jacob Jennings, at that time located at Readington. After completing his studies, he commenced the practice in his own neighborhood, living in the house east of the one formerly occupied by Dr. Jennings—succeeding him in the practice—but after remaining there some six years, he removed to New Germantown, where he resided three years; from thence he removed to the neighborhood of Ringoes, living there but a year, and while doing so built himself a house in Lambertville, and after it was finished moved into it, where he continued to reside until his death.

His remains were buried in the grounds of the Presbyterian church of that place, and a stone placed at the head of his grave, bearing this inscription:

In Memory of
Dr. Richard Kroesen,
who
departed this life
March 19th, 1807,
In the 41st year
of his age.

On repairing the church the remains and stone were both removed to Mount Hope cemetery of that place.

He married Miss Abigail Ten Eyche, daughter of Abraham Ten Eyche, at the head of the Raritan. He left some family.

WILLIAM CORYELL. Dr. William Coryell came with Dr. John Lilly as a stable boy, and being a well-disposed boy and trusty, and having the friendship and compassion of his employer, when he grew up studied medicine with him, and graduated at the University of Pennsylvania, class of 1826, and was examined by the Board of Censors of the District Medical Society of Hunterdon county, and recommended for license 2d May, 1826, and was immediately proposed as a member of the Society, after which there is no record of his name. He then went into partnership with his preceptor and benefactor, which continued about three years, ending with his death in 1829.

At the time it was generally attributed to nightmare, but was most probably angina pectoris.

He was buried in the Presbyterian church-yard at Lambertville.

JONATHAN AXFORD. Dr. Axford came to Clarksville from Sussex county (now Warren, of which he was a native) about the close of the war of 1812.

He was esteemed a good practitioner. He had a peculiar way of administering stimulants. The patient in bed is to be placed with his head very much depressed and the feet correspondingly elevated, and take the stimulus through a very small tube (say the stem of a tobacco-pipe), sucking it in very slowly. He claimed that in this way of giving stimulants he could with less amount keep the patient longer and more evenly stimulated than by any other method.

His wife died in 1818. Her remains were taken to their former residence in Sussex (now Warren) county, whither he and his family likewise went. He was succeeded by

WM. A. A. HUNT (WM. ALEXANDER ANDERSON). Dr. Hunt is still living, and is and has been for some years the oldest practitioner in our county. He is the oldest and only surviving son of the Rev. Holloway Whitfield Hunt, for many years pastor of the Presbyterian churches of Alexandria and Bethlehem. Dr. Hunt read with Dr. Wm. McKissack, and attended medical lectures in New York; was licensed to practice in this State in 1816, joined Somerset District Medical Society 1817, and the Hunterdon Society 1823. The University of the city of New York in 1847 conferred on him the honorary degree of M. D. From growing physical infirmities, or some other cause, he has not met with the Society of late years (he is partially paralyzed, and gets about with difficulty). His health otherwise is good. He is affable, cheerful, fond of company, and his mental faculties good (in the opinion of an old man). He is near 76 years old, over 44 of which, I have had the good fortune to count him one of my friends.

DAVID FORST. Dr. Forst (generally pronounced Dr. Fuss) was a native of Solebury, Bucks county, Pennsylvania, the son of David Forst, who kept a public house, since known as "Ruckman's."

He read with Dr. John Wilson of that place, who at the same time had several students, and among them Dr. John Wall, who afterward settled in Pittstown, and Dr. Elias Smith, who settled in or near New Brunswick.

Dr. Forst located in the lower part of Kingwood in 1807, where he practiced his profession very acceptably to his employers until his decease.

His remains rest in what is called "Barber's Burying-ground," on the road from Sergeantsville to Lambertville, where Dr. I. S. Cramer and myself on the 25th September, 1871, found two grave-stones, from which, while he

sheltered my hand and paper from the "peltings of a pitiless storm," I copied—

In
Memory of
Doctor David Forst,
who departed this life
August 6th, A. D. 1821.
Aged 35 years, 4 months
and 29 days.

Sacred
To the memory of
Mrs. Jane Forst,
wife of
Dr. David Forst,
Born January 3rd, 1789,
Died at Philadelphia Feb. 3rd, 1862,
Aged 73 years & 1 mo.

BENJAMIN VAN CLEVE HUNT. Dr. Hunt was the son of Daniel Hunt, Esq., formerly of Hunt's Mills, now Clinton. After acquiring his profession he located near that place. He married Miss Elizabeth Grandin, daughter of Dr. John F. Grandin, of Hamden. In 1818 or 1819 he emigrated to Cincinnati, Ohio, where it is said he died some years since from fracture of the femoris.

He sustained a good reputation as a practitioner, and maintained the dignity of the profession.

CONYNGHAM CRAWFORD. Dr. Crawford was a native of Ireland, attended lectures in the Medical Department of Rutgers College, New York, and graduated there; he then settled at Hunt's Mills, now Clinton, in 1828. He built the house now occupied by Dr. Field, to whom Dr. Crawford sold it. He married.

He left Clinton in 1832, and in the spring of 1834 graduated at Jefferson Medical College, Philadelphia. He then went to another Clinton in Louisiana, where it is said he died, leaving no children.

JOHN McGLOUGHEN. Dr. McGloughen was born in the small village of Mourne, in the county Dorone, in Ireland. He was at an early age placed in the care of two brothers named Orr, who kept a "surgeon's office" in that vicinity, one of whom had been in the naval service, through whose instrumentality he received "the berth" of schoolmaster on board a government vessel, then about to sail for Nova Scotia. In this situation he spent about two years, a part of it in the ports of the British Possessions, of Canada, &c.

He then returned home and left that service, and shortly after emigrated to New Jersey, on board the ship King James, in the year 1787, and taught school in Alexandria township, Hunterdon county, several years, six of which he boarded with his friend and countryman, Dr. George Campbell, who at that time was engaged in a very large practice in that place. Dr. McGlou, ghen married Miss Jane Stull and commenced farming on their own farm, at a place then called Helltown, since then Godey's Mills, now Spring Mills, which he soon brought to a high state of productiveness, and was his delight, holding the plow himself until his children were sufficiently grown to take his place. He was frequently interrupted in his labors by calls from his neighbors and others to visit sick people and prescribe for them, in which he was very successful.

His old friend Dr. Campbell having in 1812 been afflicted by paralysis so as to unfit him for the active duties of the profession, increased the calls on him for medical aid, frequently and daily; and another friend, Dr. Wm. McGill, dying in 1815, still further increased these calls into a large practice. He was, through the wants of the time, the common consent of the people, owing to their confidence in his skill and ability, made emphatically the Cincinnatus of our profession; and the next year (1816) the Legislature of our State passed a law licensing all those who were in regular practice at the time. This completed his ability to collect, &c., but did not increase his practice, as he was already doing as much as he was able to do, riding day and night. He practiced over grounds on which there are no less than fourteen practicing physicians now located, at a time when roads were poor and no bridges to cross the Delaware. He practiced largely in Pennsylvania, was for fifteen years or more Surgeon to the Second Regiment of the Hunterdon Brigade of the N. J. Militia.

He was a stout built, full habited man, say five feet ten inches high, with keen blue eyes, and at a younger day brown hair. His health always good until within a few days of his death, (with the exception of a lameness of the hip-joint, from an accident in the overturning of his wagon), which took place at his residence, 17th day of September, 1835.

His disease was Catarrhus Senilis, of but short duration, which he bore patiently, in fact talked of it lightly and as a matter of course, giving directions about conducting the funeral, &c.,

His remains were buried where he had buried his son Samuel about four years before, and his wife about three years before, known at that day as the Stull burying-ground, since that as Salter's burying-ground, about midway

between Milford and Frenchtown, being the old family resting place of the Stull family, and strange to say, there is not a stone to tell where one of them lies; although the family were wealthy, and he leaving his children, Henry and Rebecca, well provided for.

He was quick in perception, a good observer of men and events. Diseases of that period being generally of the sthenic character, his practice was calculated for the times.

He was kind to those in the profession who settled near him, and in every instance where it was needful would assist them, even to money and outfits to start practice with. Some of these friendly turns did not pay well, but he still held out his hand to the young in the profession. He was a kind-hearted man, his house was open to all, with a "Cush la machree" for all his friends. Many of his sayings are remembered and repeated by those who knew him, and which though clothed in singular language, conveyed a good moral.

In repartee it would be difficult to find his equal, much less one that excelled him.

The above is written from memory, most of the history being related by Dr. McGloughen himself, in the many conversations we enjoyed together, during the last seven years of his life, in which we were neighboring practitioners.

JACOB WINTERS. Dr. Winters was the son of Jacob Winters, of Broadway, Warren county. He graduated at the University of Pennsylvania, and located at Mount Pleasant, where he practiced with good prospects of success from 1852 to 1855, when his health failing, he went to his father's at Broadway, where he died. He married Miss Castner, daughter of the Rev. Jacob Castner, of Washington, Warren county. They had one child.

WM. R. HAND. Dr. Hand, a native of Somerset county, commenced the practice of medicine in this county in partnership with Dr. W. A. A. Hunt, at Clarksville, residing there one year, when he married Miss Annin, daughter of J. Annin, Esq., of Somerset, and moved to Barbertown, Hunterdon county, where he had a large field for practice. The land of which at that time was not well tilled, or the practice either. He joined the District Society October 26th, 1847, with every appearance of being useful, and continued a member until October 28th, 1856, when his name was dropped from the roll for practicing Homeopathy.

He continued in Barbertown until 1870, when he removed to Virginia, and died there in 1871, I suppose nearly 75 years old. He left one son, John, not in the profession.

WILLIAM STOUT. Dr. Stout lived in Rosemont, succeeding Dr. Barcroft there, where he practiced his profession, much to the satisfaction of his employers and patients, who regretted his removal to Princeton in 1850, where he continued until his death; he left a widow and children.

He was a good practitioner, and more esteemed by every body else than by himself; he did not sufficiently value his standing and worth in the community in which he resided. He had many and warm friends.

THEODORE M. LARGE. Doctor Large was born in Buckingham, Bucks County, Penn., October 3d, 1830. He commenced the practice of medicine in Rosemont in 1853, where he continued until 1859, when he removed to Dolington, in Bucks County, Pennsylvania, where he continued to reside until his death, which occurred November 12th, 1864.

He was twice married. His first wife was Anna Mary Paste, of Buckingham; his second wife, Sarah Jane Cray, of Blawenberg, N. J. He had two daughters, one by each wife, who, with his last wife, survived him. He was a man of good attainments, beloved by his patients and respected in the profession, but was not aware of his own worth.

HENRY AUGUSTUS KIRKPATRICK. Doctor Kirkpatrick was the son of Rev. Jacob Kirkpatrick, D. D., for more than half a century the pastor of the United Presbyterian Churches of Amwell. He read medicine with Dr. Cicero Hunt, of Ringoes, and attended lectures in the Jefferson Medical College in Philadelphia, and in 1841 he located in Stanton, which showed him to be a good judge of situations for practice. It was a large and good field, which he managed in his own way.

He was bold as a practitioner, and withal was successful and had many friends; his very off-hand manner suited many people.

He was twice married; first to Miss Mary Servis, of Ringoes, who died early in life, leaving one child, a daughter, now married and living in Philadelphia; his second wife was the daughter of Jacques Quick, Esq., of Readington, who is still living; but from this marriage there is no issue.

He continued at Stanton until his decease. His remains were interred in the burying grounds of the "United First Presbyterian Church of Amwell." His grave is marked by a plain marble, bearing this inscription:

In
Memory of
Doctr. H. A. KIRKPATRICK,
who died
Sept. 29th, 1851,
in the 35th year
of his age.

Oft between Death and his patient he stood,
And relieved by the healing art,
Yet though science and knowledge his mind had enlarged,
He fell by the conqueror's dart.
But Death though the body he brings to the tomb
In spite of the genius of man—
The soul that's in Jesus is free from all harm,
Let his power do all that it can.

And by its side that of his wife, which reads:

In
Memory of
MARY KIRKPATRICK,
wife of
Doct. H. Augustus Kirkpatrick,
who died April 7th, A. D.
1845
in the 30th year of her age.

In yonder mansions of peace and light,
Prepared by God the Son,
We trust her spirit clothed in white,
Enjoys the victory won.

He was a young man of more than ordinary calibre of mind, ardent and somewhat impulsive in his temperament.

"The Prince of good fellows,
His sun set while yet it was noon."

Since the above was written, his daughter, Mary S., aged 27 years, whose husband's name is Henry Unckell, died in Philadelphia, April 27th, 1872.

In this same burying ground I find a stone erected—

In Memory of
MARY BENNET,
Daughter of
Dr. Jacob & Elizabeth Tidd,
who died
August 9th, 1862,
In the 77th year
of her age.

"Blessed are the dead who die in the Lord."

This Jacob Tidd was the bound or hired boy of Dr. Vesselius, commonly known as the red cheek Doctor, who lived at Three Bridges and died in 1774 or 5, when he got the refuse papers of the office, and afterwards, about the time of the whiskey insurrection in Pennsylvania, he was away a short time, probably accompanying that expedition. After his return he commenced practicing, confining his efforts principally to Ulcers, and such diseases as he could treat by external applications, and soon became popular. He had his cere cloth, his black salve, his washes and his poultices, which in cases that required time, gained him much credit.

He was not a man of much, if any, education. Several young men undertook with him to acquire his theory, but did not succeed, apparently from the fact that he had none. He lived in a remote place on the mountain, where he was resorted to from almost all parts of the State; his house was frequently filled with patients, waiting their turn for prescription. If he had been very fond of money he might have acquired a great deal. He was very anxious to educate his son John for the profession of medicine, and for that purpose placed him in the office of Dr. G. W. Case, but the young man did not succeed.

He was rather small in stature, of few words, never puffing himself, very careless about his personal appearance, traveled on horseback, and lived to a good old age, say between 75 and 80 years, perhaps older.

FREDERICK GASTON. Doctor Gaston, son of Wm. B. Gaston, Esq., a prominent citizen of Somerset County, New Jersey, and brother to Alexander Gaston and Joseph Gaston, both practicing physicians of Chester County, Pennsylvania. Located at Woodsville in 1846, but his health failing rapidly he went home to Somerville and died, aged about 25 years; his remains were interred in the cemetery of that place. He left no family—was not married.

WILLIAM S. JANNEY. Dr. Janney came from Pennsylvania to Woodsville, 1856; was assistant surgeon to 21st Regt. N. J. Volunteers, from Sept. 12th, 1862, to June 25th, 1863, and surgeon to 22d Infantry N. J. Volunteers from March 27th, 1863, to June 25th, 1863. In 1869 he sold his property and went to Virginia.

JACOB K. STRYKER. Doctor Stryker was a native of German Valley, Morris County; read medicine with Dr. Alfred S. Combs, at that time prac-

ticing in the Valley, and graduated at the University of New York 1849, and located in California, Hunterdon County, where he resided until his death.

He married Miss Elizabeth Flomervelt, daughter of Leonard Flomervelt, Esq. They had one surviving child, James, who has since died.

He was a very careful and observant practitioner, and a much more useful man in the profession than some who made more noise and stir in the world. At one time he had well nigh fallen by that awful scourge of our profession, whose symptoms are written in living characters all over the land; but becoming sensible of his situation he took his stand, and by Divine aid was enabled to thoroughly cast off the society of the leper, and became an exemplary and consistent member of the Lutheran Church, remaining steadfast until the end. His end was peace.

"A noble, busy, useful life,
Has reached an early close,
And labor faithfully performed,
Has earned a sweet respose;
The trials, struggles, weariness,
And griefs of earth are done;
The night of death but heralds in
The bright eternal sun."

His remains were interred in burying ground attached to the Lower Valley Presbyterian Church, where a handsomely wrought stone, standing at the head of his grave, bears this information;

Doct. J. K. Stryker
Died
Sept. 8th, 1862
aged 41 years & 11 mo.

"To die is gain."

JOSEPH STEVENSON. Dr. Stevenson was a native of Seneca County, State of New York; commenced practice in Centerville in 1851, where he had several relatives in the Hall family. He continued here some 8 or 9 years, when his health failing, he removed to Somerville in the spring of 1860, where he died of phthisis pulmonalis, and was buried there.

He was industrious, a good financier, and clever gentleman. The inscription on his head-stone reads thus:

Joseph H. Stevenson, M. D.
Died Feb. 7th, 1861,
Aged 35 years, 3 months
and 10 days.

And by its side that of

ANNA ELIZA BUNN,
Wife of Dr. J. H. Stevenson,
Died
March 7th, 1856,
Aged 25 years, 7 months
and 20 days.

CHARLES COWDRIC. Dr. Cowdric was the son of John Cowdric, and Elizabeth, his wife, born May 18th, 1833, in Solebury, Bucks County, Pa. They afterward moved into Raritan Township, Hunterdon County, New Jersey, where he commenced the study of medicine, in 1854, with Dr. D. W. C. Hough, of Frenchtown, and continued it afterward with Dr. L. L. Hough, of Red Hill, Bucks County, Pa., and attended the lectures of Jefferson College, 1856 and 1857, and graduated in March, 1858. He then commenced practice at Red Hill, where he continued till 1865, when he sold out and attended lectures again in Jefferson College, and in the Spring of 1866 commenced practice in Frenchtown, succeeding Dr. J. C. Purcell there, where he continued until his decease, December 31st, 1871, after a protracted illness of seven months, of chronic inflammation of the bowels.

His remains were deposited January 3d, 1872, in the cemetery at that place, with Masonic honors.

He married Miss Johanna Smith, daughter of William Smith, of Frenchtown, who survives him with an only child, a daughter, eighteen months old. He was a member of the District Medical Society; was conservative in practice, and bid fair for a life of great usefulness, which he was gradually and surely extending, when he was cut off.

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NEIGHBORING PRACTITIONERS.

Having given all that is attainable of the history of our profession in our County, I feel that it is not completed, without some notice of those who have lived, labored and passed away on our borders, and those who are still lingering and laboring there, who have shared in our toils, privations and responsibilities, and to whom we have reciprocally extended the like courtesies in our avocations.

Here again we have to rely on the scanty lights of tradition, seen only through the errors and indistinctness of the lapse of time. I shall not attempt a history, but only a very brief sketch of those medical men who have lived "over the border" for the space of the last hundred years.

This is all we can aspire to; it may serve to impart something interesting to those who come after us, and to rescue from oblivion the names of those who labored with us in the healing art, who have grappled with disease in all its multifarious forms, who have striven to acquit themselves as men in the discharge of professional duties, at once the most arduous, the most trying and responsible of all professions.

In essaying to write, the first idea that impresses itself on the mind in the review of forty-five years of professional experience, and observation, and particularly of the lives of those whose history I have just concluded, is the changeableness, the vicissitudes, the disappointments, the delusive hopes, the blighted aspirations, that attend our way, more strongly marked, more fully demonstrated, than in any other avocation of man; and verifying, as it does the Divine saying that the "race is not always to the swift, or the battle to the strong."

But, to proceed. We have on the west, Bucks county, Pennsylvania, extending our whole length, being separated from us by the Delaware river. From thence we received, occasionally, medical assistance of Doctor Joseph Watson, who lived in Buckingham, and of Doctor Hugh Meredith, who lived in Doylestown, who together with Doctor Jonathan Ingham of Solebury, practiced before and after the revolution, the latter up to 1793, when the yellow fever being in Philadelphia, Doctor Ingham went there to test what he supposed to be an antidote for the disease. It failed, he took the disease, came home, and having great faith in the hygeinic influence of

mountain air, started for Schooley's mountain, in his carriage, attended by his wife and a faithful slave. They reached nearly to Hunt's Mills, now called Clinton, when owing to his failing condition, they stopped in a grove of trees, where he died in his wagon, and was buried in the burying-ground of the Bethlehem Presbyterian Church, near where he died, by his wife and trusty servant. The people in the vicinity were terribly alarmed and scarcely any help could be had. A coffin was spoken for before he was quite dead, but such was the haste and terror on the occasion, that they did not wait for the coffin, but buried him with his clothes, bed and bedding, and made good their retreat homeward. It is said that the reason the coffin was not there in time, was that it was ordered to be pitched inside, by which it would appear they intended to take the remains home.

It has been reported that they were refused the privilege of burying in the grave-yard. This is not so. The old grave-yard was enclosed in a post and rail fence, standing inside of the line of the grave yard. At the time of Doctor Ingham's death, they were building the present stone wall around the grave yard, and at the place the Doctor's grave was dug, the wall was unfinished, and the wagon containing the remains was backed up to this unfinished wall and the grave being close to it, he was buried as before stated.

The masons and other workmen were so alarmed that they immediately quit work on the wall and would not resume again until colder weather, when the wall was finished. The foot of the grave is within five feet of the wall, the wall is on the east of the grave, and the road east of that, and no doubt was selected on account of its availabilty and convenience, on this sorrowful occasion, and not from any disposition in the people to hinder his being buried in the grave-yard. He was buried in it.

Some years afterward his son, the Honorable Samuel D. Ingham, Secretary of State under General Jackson, placed a stone at the head of the grave, bearing this inscription:

Sacred
to
the memory of
Dr. Jonathan Ingham,
who fell a victim
to the
yellow fever
on the 1st of October, 1793,
aged 49 years.

Soon as man expert from time has found
The key of life it opes the gates of death.

He was succeeded in practice in Solebury by Doctor John Wilson, who had studied with Dr. Ingham some time. Dr. Wilson was very popular, and had several students, among whom was Doctor John Wall, afterward located at Pittstown in New Jersey, Doctor David Forst, located in lower part of Kingwood in Hunterdon county, New Jersey, and Doctor Elias Smith, located in or near New Brunswick, all of whom died many years since in their several locations.

Since then Doctor Jesse Beans practiced in that neighborhood and acquired a good reputation.

In New Hope Dr. Richard Coursen, Dr. T. Fell, Dr. Charles Foulk have practiced there.

And further north at Warmanville, Dr. Eli Kitchen used to reside and practice.

At Point Pleasant, Dr. Albert Cooper resides and practices.

Still further north at Kintnerville, Dr. John Johnson, a native of Hunterdon county, resides and practices.

Dr. Fleming lived in this vicinity, he is recently deceased. He was a useful man in that location.

Riegelsville, in Penn, opposite the mouth of the Musconetcong, there have been located at different times within my memory—

Dr. Coryell, from the neighborhood of Lambertville, was there in my first recollections of the place, over 40 years ago. He went back in Pennsylvania along the Susquehanna.

Dr. Merrick, who came from Frenchtown, 1832 or 3.

Dr. Jeremiah Roseberry; he went to Little York, 1842. He read with Dr. Cooper, of Easton; was office student with the since celebrated Samuel D. Gross.

Dr. C. C. Jennings was there 1847; now at Easton.

Dr. Asher Riley was there in 1850; in Milford 1866 to 1872; thence to Frenchtown.

Dr. J. K. Snyder, who died from wound in finger while dressing an ulcer on an erysipelatous leg, was there in 1857. He was grandson of Dr. Beecher, a German Reformed preacher in the vicinity of Allentown, said to be still living.

Dr. A. C. Smith; went to Mauch Chunk; he was from Bloomsbury.

Dr. Amos Harris came from Finesville; went to Springtown, Penn.

Dr. Peter Arndt, now living in that vicinity.

Dr. A. S. Jordan, from to the present time.

Easton occasionally lent, and still lends us a helping hand, through Dr. Cooper, who was a native of Long Hill, Morris county, N. J.

Dr. J. M. Junkin, son of George Junkin, D. D., LL. D., who has been there since 1867.

Dr. C. C. Jennings, who removed from Riegelville to that place.

Dr. Trail Green, a native of Easton; J. R. Ludlow, now gone South.

Dr. C. A. Voorhees, of Alexandria, N. J., and others.

Phillipsburg, through Dr. Shepperd, a native of Hunterdon county.

The Straw used to send Dr. Stewart Kennedy.

Springtown—Dr. Wm. Shipman.

Stewartville—Dr. Cloyd Kennedy.

Dr. Samuel Kennedy.

Dr. P. F. Hulsirer.

Hughesville, in Warren county, including Middleville and Finesville and Musconetcong. These little villages have been the location of a physician for many years, commencing, so far as we have reliable history, with Dr. John Hughes, (although it is more than probable that when the forge was in operation, they had their physician.) He was succeeded by his son—

Dr. John Beatty Hughes; he lived at Finesville most of the time.

Dr. Wm. Shipman, who now resides at Springtown.

Dr. J. C. Purcell, who went to Frenchtown.

Dr. Abm. O. Stiles, about 1840; stayed about a year and went back to Harmony.

Dr. Simeon S. Dana was there in 1852; moved to Clover Hill in 1854.

Dr. John Leavett, from 1847 to 1854; went to Baptistown.

Dr. John Sharpe, from 1854 to 185 , a native of Greenwich; a young man of splendid talents, of which he was not aware; died at Phillipsburg, leaving a widow and one child; he is buried at the Straw.

Dr. Luther C. Bowlsby was there in 1858 or 60; removed to Vienna, Warren county.

Dr. Amos Harris, a Pennsylvanian, from 1860 to 1862; went to Riegelsville and thence to Springtown, Penn., and thence to Hellertown.

Dr. W. H. Drake, from 1862 to 1871, when his health failing, he retired from practice.

Dr. Nathan Case, from January, 1871, to present time.

JOHN S. HUGHES. Dr. Hughes, at one time a very successful practitioner of medicine, in both Hunterdon and Warren counties, and Pennsyl-

vania, was the son of Hugh Hughes, Esq., and Martha his wife, of Hughesville, along the Musconetcong creek, a wealthy gentleman of Welsh descent. who for several years was engaged in the manufacture of iron at that place, He married and had a large family of children, among whom were Dr. Hugh Hughes, of Bloomsbury, and his successor in the practice, Dr. John Beatty Hughes.

Dr. Hughes is spoken of as a skillful physician, and in surgery ahead of many of his cotempoaries. He rode extensively, over a hilly country and rough roads, and lived at a time when strict temperance was not expected in the profession. He was genial in his habits, but never descended to lowness or vulgarity, although he expressed his opinions with the utmost freedom. He possessed the faculty of enforcing strict obedience to his orders from nurses and attendants on the sick.

On a beautiful rising ground, on the road from Hughesville to Carpentersville, is a small cemetery or rather family burying ground of the Hughes family, where the progenitors of the family, as we are told by the inscriptions on their tombs, rest. It is about 50 feet by 25 feet, inclosed with a stone wall, now going to decay; after scaling of which, for want of a gate, I find inscribed on a stone—

Sacred
to
The memory of
Doct. JOHN S. HUGHES,
who departed this life
July 7th, 1825,
aged 55 years, 6 months
and 3 days.

Jesus, my great High Priest, has died;
I seek no sacrifice beside:
His blood did on once for me atone,
And now he pleads before the throne.

And by its side—

Sacred
to
The Memory of
MARIA,
wife of Doct. JOHN S.
HUGHES, who departed
this life Feb. 21st, 1838,
aged 65 years 4 months
and 20 days.

How blest the righteous when he dies,
When sinks the weary soul to rest;
How mildly beams the closing eye—
How gently heaves the expiring breast.

JOHN BEATTY HUGHES. Dr. Hughes was the son of Dr. John S. Hughes and Maria, his wife; studied medicine with his father, and on the decease of his father succeeded to the practice with very flattering prospects of success, and managed the practice much to the satisfaction of his numerous patients and employers.

He was of a very genial, social turn, good company—every one welcomed him to their hospitality; but with the cares and exposures of a large practice he broke down, and for some years previous to his decease was unable to attend to practice.

He married Miss Harriet Fine, daughter of John Fine, Esq., whom he left a widow with five children, namely: one son, John (and he not in the profession), and four daughters, who all now reside in Hunterdon, near Finesville.

His remains were interred in the beautiful cemetery attached to the church in Rieglesville. A stone at the head of the grave, bears this inscription:

Doctor
JOHN B. HUGHES,
Born
Oct. 21st, 1799,
Died
May 4th, 1858.

Our Father sleepeth, when
Will the morning dawn?

The village of Asbury has been a medical location for many years.

Dr. —— Holmes was practicing there the latter part of the last century, he built the house in which —— Plotts now lives, and moved to New Hampton early in this century.

Dr. Heintrelman was there several years in the early part of this century, part of the time engaged in store keeping. The most of the practice was attended to by Dr. John Ball, who lived there until 1834, doing a very extensive and laborious practice, from which he retired and went to Newark, thence to New Brunswick, where he kept an apothecary shop, and thence to Andersontown, Warren county, where he died. He practiced largely in Hunterdon county, married a Miss Hunt, daughter of Daniel Hunt, Esq., left several children—three sons, none in the profession.

Dr. Alfred Gale located in Asbury in 1834 and is there still.

Dr. Henry Southard located there at the same time, but did not remain long.

Dr. Wm. E. Mulhollan located there, stayed several years, viz: 1843,

1844, &c., and removed to Brooklyn, where he died May 8th, 1872, in his 53d year.

Dr. John Sloan was there a short time.

Dr. T. Dirling settled there in 1844 and stayed till 1847.

Dr. John Leavett practiced there from 1846 to 1847.

Dr. Robert Bethel Brown practiced there from 1846 to the breaking out of the war of the Rebellion, when he went into the army.

Dr. Thomas M. Bartolette from 1864 to Sept. 29th, 1866; he died there.

Dr. Frederick Shepperd commenced practice there in 1866, continuing until his death, 1869.

Dr. S. A. Welch commenced the practice in 1869 and continues until the present time.

Dr. Nathan Case commenced in Asbury in 1869 and continued until 1871, when he removed to Riegelsville.

In the Cemetery at Asbury is a beautiful marble obelisk, which, besides commemorating mother, son, &c., bears the following:

DR. F. P.
SHEPPERD,
Born
Nov. 1st, 1844
Died
May 12th, 1869,
aged 24 years, 6 mos.
and 11 days.

And in the grave-yard attached to the Methodist Episcopal Church, a head-stone, reading as follows:

Sacred
To
The memory of
CYRUS ARNDT, M. D.,
Son of
John and Ann Arndt,
Who departed this life
October 20th, A. D. 1845,
Aged 24 years & 14 days.

In bloom of life I bade farewell
To parents, friends, and all,
And willingly resigned my breath,
When Jesus did me call.

He was the pupil of Dr. R. M. McLenahan, graduated in New York, and practiced in Somerset county.

In Washington there was located in 1816:

Dr. Hugh Hughes from 1816 to 1822, when he moved to Bloomsbury, in Hunterdon county.

Dr. John Sloan from 1822, stayed some time, and went to New York and kept an apothecary shop.

Dr. Jacob Sharpe was there in 1828, and was my neighbor until 1834, after which he removed to Camden.

Dr. Wm. Johnson was there several years, doing a good business.

Dr. Cole settled at Port Colden many years ago, has always had a large practice and is active yet.

Dr. Glenn removed from Broadway to Washington some years since.

Dr. Jos. Cook, son of Dr. Cook from Hackettstown, has practiced in Washington several years.

Dr. Herrick is an active practitioner, and been located here some years.

Dr. Jennings keeps an apothecary shop, and attends to practice occasionally.

Dr. Sowerby lately located there with good prospects of success.

Dr. Mattison has been here several years.

At Andersontown:

Dr. Robert Beavers was settled and practicing when I first settled in Hunterdon. He was son of Moses Beavers, Esq., of that neighborhood; he was very popular as an obstetrician. Genial as a companion, jovial and merry among the boys, and a great favorite among the ladies. He went West in 1835 and was reported as having been drowned.

Dr. John Ball was there a short time afterwards, and died there.

Dr. Perry practiced at Stevensburg, and it is said Dr. Holmes practiced there a short time early in this century.

Dr. Blackwell practiced there several years, but is said now to have removed to Hackettstown.

And we have frequently exchanged services with the Drs. Cooks and Reas of Hackettstown.

In German Valley (now Middle Valley):

Dr. Ebenezer Sherwood practiced from 1814 to 1844, when he relinquished practice and moved to Peapack, where he lived nine years and died and was buried there. He, at one time, had a private institution here for the cure of insanity.

Dr. Samuel Willet studied with Dr. Cop, and practiced there many years. He lived in what is now termed Upper Valley.

Dr. Cop, a portly, genteel looking man, and fully aware of all his professional acquirements, practiced here several years. He made the treatment of dropsy a specialty, and boasted of his powers in completely mastering it. He died of general anasarca of the system, in 1834.

Lefert Willet, son of Dr. Samuel Willet, practicing there.

Wm. P. Woodruff from 1836 or 1837 stayed short time, went to Ohio and died there.

A. S. Combs, a native of Franklin county, N. Y., commenced practice here in 1844 and remained until 1849, doing a large business, when he removed to Ohio.

Middle Valley—Levi Farrow from 1866 to the present time.

Pottersville, situated where Morris county and Somerset corners in the Hunterdon line, is supplied by Dr. Sutphin.

Head of the Raritan: Dr. John F. Schenck practiced from 1821 to 1822, when he moved to Flemington.

At the North Branch, Dr. James B. Van Derveer practiced several years. He died in 1865, and was succeeded by J. Fred'k Berg, now practicing there.

At South Branch, Branchville, Dr. A. T. B. Van Doren practiced from 1852, and died there June 30th, 1853. Dr. John Robbins located there in 1857 or 8; staid several years, and was succeeded by Dr. Merrill in 1869, who is there still.

The Neshanic practice was held and managed for many years by the Drs. Schenck, Henry Senior and Jacob Rutsen. Their residences were situated about midway between Neshanic Meeting House and Clover Hill. And at the village of Neshanic, from 1852 till lately, by Dr. Henry Smith, and since that time by Dr. Richard Ludlow to the present time.

HENRY H. SCHENCK. Dr. Schenck was born at Millstone, Somerset county, N. J., in August, 1760. Studied medicine with Dr. Lawrence Van Derveer, at Roycefield, Somerset county, N. J., attended lectures at the University of Pennsylvania, and joined the United States Army as assistant surgeon in the Revolution, and remained with the army until the close of the war.

After leaving the army, he commenced the practice of medicine on the banks of the Hudson, in the neighborhood of Esopus. He was there but a short time, removing to Neshanic, Somerset county, N. J., where he remained until his death, in 1838. For his services during the war, he received a pension of forty dollars a month until his death.

He married Miss Ellen Hardenberg, daughter of Rev. Jacob R. Hardenberg, by whom he had three sons and one daughter. The daughter never married.

The sons all entered the profession—Henry H. Schenck, Jr., Jacob Rutsen Schenck and John F. Schenck.

Dr. Henry H. Schenck was, and Dr. John F. Schenck is a member of the District Medical Society of Hunterdon county.

Dr. Henry Schenck, Sr., was buried in a private burying-ground in that neighborhood. He was succeeded by his son.

JACOB RUTSEN SCHENCK. Dr. Schenck was born in 1783, studied medicine with his father, attended lectures at the College of Physicians and Surgeons, New York, located near his father, where he practiced until the time of his death. He left no children; an only child, a son, being accidentally shot and killed some years before his death.

Near Hopewell was James H. Baldwin. Dr. Baldwin was a Monmouth county man, born in 1798. Read with Dr. Gilbert S. Woodhull, attended lectures at the University of Pennsylvania, examined and recommended by the Board of Censors of Monmouth, April 24th, 1820. In or about the year 1822, he moved into Hopewell, then Hunterdon, now Mercer county, where he continued to practice till his death, which took place May 2d, 1869. His remains were interred in the grounds of the Baptist Church, at Columbia, of which he was a member.

Dr. G. W. Case was in his day one of us, (see members of Society), so was Dr. Israel Clark, of Lawrence who practiced to a good extent in Amwell and the surrounding country.

And the Drs. Blatchley, Dr. Lewis Springer, Dr. McNair, Drs. H. P. and E. and J. Welling, Dr. J. H. Phillips, all of Pennington, good and true men in the profession, were, and some are still, real neighbors.

At a time when Mercer had no District Medical Society, Dr. Phillips was a member of our District Society, although not living in our county; and this was the case with Dr. Henry Smith, Dr. Jacob Ludlow, and Dr. Richard Ludlow, of Neshanic, they living near and practicing among us, and preferring to be members with us.

The Drs. Blatchley were brothers, and a most remarkable pair of men. They came from the East—whence it said all the wise men came of old—

and settled in Pennington at an early day, and practiced perhaps half a century or more. It seemed to be their determination to live a century a-piece, for their plans and aims were to reach that point. To this end they adapted their habits and diet, living on the plainest and simplest food, and when all around them were progressing, they remained unchanged, eschewing all luxuries, riding altogether on horseback. It was a long time before any young man ventured to grapple with them in the professional race, as they were like a well with two buckets, one was always ready.

They lived to be very old, said to be nearly a hundred years each. Neither of them married. They left a large estate, and a good record as physicians, being men of respectable medical acquirements, and had the confidence of the community as practitioners and as men.

This completes the circle of our neighboring professional brethren, and brings my work to a close. I now present it to you with all its imperfections. I have endeavored to do the best with the opportunities offered, consistent with my feeble health, and the difficulties attending such cases.

At the same time, I feel constrained to mention the names of some from whom I have received information since my last report to you, namely: Miss Helen Johnson, Dr. W. S. Creveling, Dr. Cramer, Dr. Cicero Hunt, Dr. Sprowl, Dr. Pitinger, Dr. Thompson, Dr. Nightingale, O. H. Hoffman, Esq. Dr. Armitage, Hon. J. G. Bowne, Dr. McCauley, Dr. C. W. Larison, Dr. Farrow, Mr. J. C. Holder, Jos. Thompson, Esq., Dr. Thomas Johnson, Dr. Honeyman, Dr. Race and J. M. Voorhies, Esq., to them I owe a debt of gratitude for their assistance to rescue the memory of our departed brethren from oblivion.

Which having been read before the Society at its annual meeting, 16th April, 1872; the Society adopted the same and referred it to the committee heretofore appointed for that purpose, to be by them presented to the Medical Society of New Jersey for their action at its annual meeting, about to be held in the city of Paterson, 28th May, 1872.

To the President, Officers and Members of the Medical Society of New Jersey, at their annual meeting, as now assembled in the city of Paterson, this 28th May, 1872:

We, the undersigned, being a committee for that purpose, appointed by the District Medical Society for the County of Hunterdon, herewith present your honorable body with the "History of the District Medical Society for the County of Hunterdon from its organization in 1821 to the Annual Meeting in 1871, together with the Medical history of the County, (as its boundaries now exist,) from its first settlement to the present time" 1872, for such action as your honorable body shall see fit to adopt in the matter.

The committee reserving the right, and the return to them, or the historian, of all papers herewith laid before you, either when the same shall be published or otherwise disposed of by your honorable body.

JOHN BLANE,
SAM'L LILLY,
H. B. NIGHTINGALE.

REPORT OF THE STANDING COMMITTEE.

The District Societies of Somerset and Union have furnished no reports to the Standing Committee. Valuable communications have been received from the other Counties of the State. Ten reporters are entitled to seats as members of this Society, and their certificates are in the hands of the Secretary.

BERGEN COUNMY

reports the prevalence of Pneumonia in Hackensack and vicinity, either alone or complicated with pleurisy or bronchitis. It prevailed from October to April, assuming a severe form and of sthenic character. Scarlet Fever was endemic, but of mild form with more or less grave sequelæ. In Park Ridge and Schraelenburg, Remittent and Intermittent Fevers have been general.

Dr. Thornton, of

BURLINGTON COUNTY,

says: "We are never rid of Periodic Fever." At all seasons the "Ague struck" are to be found both on the ridge-land and the fens, Other discases assume a periodic form, particularly fevers, neuralgia, and sometimes even urticaria. He further remarks, that a disease affects a great number of women, independent of age or social status, which he terms Spinal Hyperæsthesia, perverting the functions and

causing numerous and varied morbid symptoms. Whil recommending several methods of medication, he states that a satisfactory treatment has not been found. He reports the occurrence of a few cases of Small Pox, imported from Philadelphia, leading the people to rely for protection upon vaccinia, which became during the Autumn the voluntary epidemic. The fact was noticed that a genuine vesicle was not more often produced on the old who had been previously vaccinated or inoculated, than on the young who had been subject to the vaccine or variolous influence. Those who used the virus from the cow preferred the humanized lymph as more readily producing pustules. The reporter details a case of vaccination. Though vaccinated when an infant, and the re-vaccination as perfect as he had ever seen, the patient was affected with confluent small pox and died on the fifth day after he saw him.

The general health of

CAMDEN COUNTY

has been above the average of former years. Malarial fevers both in the city and county have sensibly diminished, traceable to drainage by sewerage and other means. Small Pox appeared in the city of Camden in the month of August. There being no city law requiring the physicians to report their cases, no accurate data can be obtained as to the total number. The number may be stated at 1,000 in a population of nearly 23,000—deaths 157. The reporter observes that the course of the disease in Camden seems to confirm the popular idea that it is worse in cold weather. After every cold term there was a decided increase in the number of cases. The City Physician testifies that the mortality was always higher during extreme cold weather; patients who to all appearances

were doing well during a mild period, suddenly became worse when the temperature became low. During the month of March for nearly a week the mortality in the hospital was nearly 50 per cent., and when the weather moderated it was very much lessened. During the warm weather of October, when the hospital was first opened, nearly all the cases recovered, the mortality increasing with the advance of the cold weather. The disease was very fatal among young children unprotected by vaccination. The neglect of this measure greatly increased the bills of mortality, the greater number of deaths being among the unprotected class. Those adults who took the disease had not been vaccinated since infancy. The reporter made careful inquiries of nearly all the physicians as to the protective power of the vaccine disease, and all agreed in its greatest possible benefit. Of the many thousands who have been vaccinated during the past six months, but *two cases* have been reported as contracting small pox, both of them having the disease in a mild form. Its protective power is strikingly manifest in the fact, that of all the physicians who have been exposed to the contagion, often in its most intense forms, for more than six months, not one had any symptoms of the disease. In regard to the comparative value of the virus taken from the heifer and the humanized lymph, the testimony was in favor of the latter, and *because*, while equal in protective power, it produces less local irritation.

The protracted cold of the winter was attended, in Camden, with an increase of diseases of the respiratory organs. Pneumonia was unusually prevalent, often attacking both lungs, and the mortality was above the average. It was for the most part of an asthenic character, requiring support by diet and medicine.

CAPE MAY COUNTY,

Dr. Marcy informs the Committee, has experienced more than its usual amount of ordinary endemic disease. Some Pneumonia during the winter, and a few cases of Small Pox, imported from Philadelphia. The vaccine disease which was very generally endured by the people, resulted in intensely sore arms, both in the primary and secondary cases. In the unprotected, the true vaccine pustule was the exception, a large majority of them coming up with a frothy, yellow scabby pustule, with imperfect areola, and followed by a succession of yellowish crusts for from four to eight weeks; though thus imperfect, they protected the subject against the vaccine disease.

CUMBERLAND COUNTY.

The year in this district has been distinguished as healthy. During the winter, Pneumonia and Pleurisy have been prevalent. In Cedarville a peculiar form of Cold was epidemic accompanied by severe cephalic derangement and a severe and protracted Cough, which only yielded on the approach of an even temperature. Small Pox was endemic in Millville for a short time, but was arrested by hygienic and preventive measures. Sporadic cases occurred in other parts of the county, traceable in their origin to Philadelphia. The peculiar susceptibility to re-vaccination was noticeable; constitutions which had for years resisted the effects of the virus now yielded to its power.

Epidemic influences have been marked in

ESSEX COUNTY

over a large portion of the district during the year. From May 1, 1871 to April 26, 1872, 930 cases of Small Pox were reported in the city of Newark, 120 proving fatal. The

largest number, 203, occurred in May; the smallest, 15, occurred in September. Between these months there was a gradual decline, since September there has been a gradual increase. In March the number was 111. On the 20th of May the disease appeared in Orange. From that time till May 1, 1872, 71 cases have occurred, all but 10 of them occurred before the 3d of August; of 61 cases 24 were fatal, 7 had been vaccinated, 15 were unprotected, of the remaining two, evidence of vaccination was doubtful; 2 of the fatal cases were puerperal. In 4 instances the patients had been re-vaccinated in from 4 to 6 days previous to the appearance of the disease, the vaccine disease appearing with its usual characteristics and following its usual course. One victim to the disease was an infant on whom four ineffectual attempts to inoculate with fresh virus were made previous to its exposure to variola. The reporter remarks that this case suggests reflection, before making the announcement, as is frequently done, that insusceptibility to the influence of the vaccine virus admits of exposure with impunity to the contagion of variola. In this connection it is appropriate to remark, that we know a man about 65 years of age, living in Orange, who states that he was vaccinated 11 times without success, and who we know, nursed seven cases of Small Pox in his family without contracting the disease.

Scarlatina has been endemic in many parts of the county, generally of a mild type. Three fatal cases occurred in puerperal women. One was attacked the day after confinement and died in 23 hours; in another the duration of life was a trifle longer; in the third case the disease appeared seven days after labor and proved fatal on the fifth day of the attack.

Pneumonia has been very frequent in Orange during the whole of the winter. It is not a frequent disease in that lo-

cality. The dry cold which has distinguished the past long winter will reasonably account for the increased prevalence of the disease. It is also noticed in the report as endemic in Springfield. During the month of April and to the present time, there have occurred in Newark and in other parts of the county, occasional cases of Cerebro-Spinal Meningitis, at least one-third have been fatal.

GLOUCESTER COUNTY

during the past year, and for several years preceding, has had an extraordinary exemption from disease, nothing which the reporter would call an epidemic; a few cases of Small Pox have been noticed, two of which were fatal.

HUDSON COUNTY.

To the usual epidemics of Measles, Scarlet Fever, mostly of mild type, and Whooping Cough, was added the extension of Small Pox, from its habitat of the last year. Few parts of the county have been exempt. Jersey City has chiefly suffered, the records of its Small Pox Hospital showing a large number of cases with a pretty heavy mortality. The average in Hoboken is quite unfavorable; the large percentage of mortality is due to the fact that the worst cases both in degree and surroundings, became hospital cases.

Cerebro-Spinal Meningitis is also reported—about fifty cases, one-half proving fatal.

Malarial diseases, from causes named in the report, have been increasingly prevalent.

Pneumonia appeared during the latter part of the winter and throughout the spring in an unusual degree, many cases of which were fatal.

HUNTERDON COUNTY

has been characterized by epidemics in almost all parts, generally of a mild form. In the southern part of the county Typhoid Fever prevailed during the last spring and summer. The number affected was large, with few fatal results. In Lambertville, Scarlatina has been endemic, assuming the anginose form and generally mild. The majority of the cases (over 300) have occurred in a portion of the town where cistern water is in very general use, and to this is attributed in some degree the spread of the disease. During March a sweeping epidemic of Influenza pervaded a portion of the county. Prominent symptoms—intense pain in the head, stupor and fever for the first 36 hours, after this diaphoresis and a copious flow from the mucous surfaces; several of those attacked became insensible during the earlier period of the disease.

Tuberculosis in this county is stated by the reporter to be steadily on the increase. In his own locality (Ringoes) he says that it is assuming fearful proportions.

MERCER COUNTY

has experienced a more than usual amount of sickness. Small Pox invaded the city of Trenton in the month of July, and became an alarming epidemic. It first appeared in the central and most thickly populated portion of the city, and among the better class of citizens. Its origin is unknown. The disease was of a severe type, and the average of deaths large, being about one to six. Measles and Whooping Cough have been endemic in Trenton throughout the year. During the winter, Catarrh, Bronchitis, and Pneumonia were more than usually prevalent. There has been much Intermittent and Remittent Fever in Trenton. In February,

Cerebro-Spinal Meningitis made its appearance in the same city; it seemed to assume three grades of severity—mild, severe and malignant. The most of the cases were of the mild form and very readily yielded to treatment, getting well in 10 or 15 days. The severe cases, after the distinguishing symptoms of the disease disappeared, sank into a low typhoid condition, and run a course varying from 4 to 12 weeks. The malignant form was usually fatal in from 6 to 24 hours. Scarlet Fever and Measles, of a mild form, were endemic in Hightstown. In

MIDDLESEX COUNTY

there has been an unusual amount of sickness. Early in 1871, Rheumatic complaints prevailed. During the summer malarial influences were marked; Intermittent disease appearing in localities where it was comparatively unknown, attributable to the turning up of the soil for purposes of sewerage. During the winter, Bronchitis has abounded. Anginose affections have been severe, and Rheumatism has been persistent, with uncommon fatality. Small Pox occurs in a limited degree, but a decided tendency to the disease is manifest. Cerebro-Spinal Meningitis has recently appeared in a few marked cases. The above report relates to the city of New Brunswick. In Amboy, miasmatic disease to a large degree, has been manifested throughout the year, having been very little influenced by the frost and winter cold. The extensive salt marshes abounded in sulphuretted hydrogen.

Influenza was prevalent in January and February in South Amboy, generally ushered in by a rigor as distinct and characteristic as a malarial quotidian chill.

MONMOUTH COUNTY,

during the early months of the last year, had less than the usual amount of sickness. During the autumn, Typhoid

Fever occurred, in some districts mild, and in others in malignant form.

In Squan village, Intermittents have been more general than for many years, attributable to the overflowing of a large tract of meadows by the closing of Squan River Inlet. The winter months were marked by numerous cases of pulmonary disease. Diphtheritic Sore Throat, Measles and Whooping Cough were epidemic. In Holmdel an epidemic occurred with all the symptoms of Scarlatina except the eruption, and was followed in many cases by the sequelæ of that disease.

Cerebro-Spinal Meningitis occurred in Mattewan, in March, in 3 cases, all in one family—2 were fatal.

PASSAIC COUNTY

has been visited by no severe epidemic. Malarial fevers were common during the fall, but not more so than usual. In Paterson the autumn and early winter were remarkably healthy. During the spring, Pneumonia of a severe form has been frequent. Small Pox has not proved epidemic in Paterson, as in the neighboring cities. There have been 24 cases in all—11 fatal; 9 had not been vaccinated, all children, and of these all but one died. Of those known to have been vaccinated one only proved fatal, a pregnant woman, who miscarried during the progress of the malady. Not a single case occurred in a person who had been twice successfully vaccinated.

Cerebro-Spinal Meningitis appeared in a few cases in Paterson during the spring.

SUSSEX COUNTY

has been more affected by malarial influences in the form of Intermittents and Remittents, than for some years past, especially along the line of railroads in process of construction. In Deckertown, Typhoid Fever has been endemic. It was

severe in form and fatal in a number of cases. During the summer, Scarlatina of mild type, prevailed generally throughout the county; in the fall and winter it assumed in many places a graver form. In

WARREN COUNTY,

Whooping Cough, Mumps and Measles have been the epidemics of the year. Small Pox invaded the town of Phillipsburg, where it prevailed to a considerable extent, a few cases only occurring in the rural districts. Influenza was very general in February, being associated with the symptoms of a bilious condition, and an intermittent febrile element. The reporter notices a form of anomalous Intermittent, not uncommon during the prevalence of malarial fevers, known as intermittent coma, to which attention is invited.

We have cursorily noticed, in this review, the reports from fifteen counties. The ordinary endemics, as Scarlatina, Rubeola, Pertussis and malarial Fevers have, in their frequency, nearly corresponded with their history in former years. They have been generally characterized by mildness of type, and a very limited mortality. Bowel Complaints have been unusually rare. Cerebro-Spinal Meningitis, though nowhere very prevalent, has during the present spring been knocking at the doors of many portions of the State.

Small Pox has proved itself the scourge of the year. The intimate relations which the two extremities of the State bear to the two great cities to which they are tributary, have doubtless proved a leading cause of the propagation of the disorder. It cannot be denied, however, that there is an epidemic tendency to the contraction of the disease; manifested as it is, in the almost universal susceptibility to the poison of the vaccine virus, producing vaccinia in the unprotected, and the vaccinoid disease in those protected.

In regard to the protective power of vaccination, the testimony of medical observers is uniform and positive, and suggests the serious inquiry, whether something cannot be effected, whether the Medical Society of New Jersey cannot effect something in the way of securing universal vaccination throughout the limits of our State. If objections to this may be urged, growing out of ignorance and prejudice, no valid or reasonable opposition could prevail against a statute making a properly certified vaccination an essential prerequisite in the reception of children in the public schools.

We notice some of the suggestions in the report respecting

MODES OF TREATMENT.

Dr. Thornton recommends chloral to relieve post partum pains, and illustrates its beneficial effects in the case of a patient who could not tolerate opium in any of its forms, and being an intense sufferer from after-pains. Beginning two hours before the birth of the child, he gave her 15 grains, and repeated the same every half hour. Nine doses were taken. She escaped the pains which in former labors had prevented her from sleeping for 2 or 3 successive nights.

Dr. Morgan has used the Hypo-Sulphite of Soda in the treatment of Small Pox, with very satisfactory results, given in 7 grain doses every 3 hours, with Syr. Ipec., Paregoric and Spts. Mindereri, commencing its use upon the first appearance of the eruption.

Dr. Larison has used Cundurango in a case of Schirrus. He says, "it did not meet my wishes." He discovered no benefit to his patient from a three months' use of the drug.

Dr. Vought, in report from Monmouth, commends the use of skimmed milk with meat and bran bread, as a diet in Diabetes Mellitus, and cites a case of several months duration, in which the benefit was immediate.

INTERESTING CASES.

We notice one of Traumatic Tetanus and recovery, by Dr. Linn, of Sussex county. The course of treatment was essentially the same as that reported last year, by Dr. Cook, of the same county. The patient was wounded on June 27, 1871. In 14 days thereafter he complained of stiffness of the jaws, and in 3 or 4 days the tetanic symptoms were fully pronounced. The treatment consisted in hypodermic injections of morphine, moderate stimulants, and good nourishment, keeping the bowels open with enemata of spirits turpentine and castor oil.

Dr. Cooper, of Camden, relates a case of Cyst of the right Kidney, in a person over 70 years of age, to which his attention was first called 7 years ago. Upon his death, in January last, the post mortem revealed an enormous cyst of the kidney, occupying a large portion of the abdominal cavity, displacing the intestines and diaphragm. On being opened it was filled with a reddish brown fluid with large quantities of a thick sediment. This was so abundant as to be taken out by the double-handful, and resembled a lateritious deposit. All traces of the natural structure of the kidney were obliterated. The tumor weighed 42 pounds.

Dr. Simpson, of Bergen reports a case of injury from a fall from a tree, diagnosed as dislocation of the vertebræ. The interest of the case lies in the fact that paralysis of the lower extremities and of the sphincters of the bladder and anus, were followed in about five weeks by partial restoration, which has continued to increase till he is now, with the aid of a brace to his back, enabled to work at his trade as a mason.

Dr. Haring, of Bergen, gives the medical history of a lady aged 54, who was attacked with Coma after eating a meal of indigestible food, followed by paralysis of the right side. The urgent symptoms continued for a week, when she became par-

tially conscious, and moved the paralyzed side to a slight degree. At the end of 8 weeks she was able to attend to her household duties, but was left with the following disabilities: She can articulate distinctly, pronouncing almost any word dictated to her. Her ideas are apparently clear, but it is difficult for her to give them expression. Though an intellectual woman before her attack, she has now forgotten the letters of the alphabet, and cannot distinguish one word from another. She has forgotten and cannot recall the names of her children and friends. In attempting to give expression to her ideas, she gives utterance to sounds which are wholly unintelligible, and then seems amazed that her meaning cannot be comprehended. She can sing any tune she ever knew, but cannot apply the words.

There are many other valuable reports of cases in the hands of the Committee, which would be marred by a concise description in this report. These with other papers upon medical subjects, by Dr. Ryerson and others, are referred to the attention of the Society.

NECROLOGY.

The record of deaths for the year is as follows: June 20th, 1871, in Beverly, Jno. W. Bryan, aged 45; Oct. 15th, 1871, in Plainfield, Jno. W. Craig, aged 76; Nov., 1871, in Burlington, Chas. Ridgeway, aged 80; Dec. 24th, 1871, in Newark, Abner Reeve, aged 61; March 22d, 1872, in Millstone, Peter D. McKissack; April 22d, 1872, in New Egypt, Geo. F. Fort, aged 62; April 20th, 1872, in Hoboken, Jno. C. Taylor; Jas. Riley, Succasunna Plains; Lewis A. Hall, in Trenton.

STEPHEN WICKES,
J. E. CULVER,
JNO. WOOLVERTON,
Standing Committee.

APPENDIX

TO

REPORT OF STANDING COMMITTEE.

In Memoriam.

JNO. W. BRYAN, M. D.,

Died in Beverly, N. J., June 20, 1871, aged 45.

JNO. W. CRAIG, M. D.,

Died in Plainfield, N. J., October 15, 1871, aged 76.

ABNER REEVES, M. D.,

Died in Newark, December 24, 1871, aged 61.

PETER D. McKISSACK, M. D.,

Died March 22, 1872.

GEO. F. FORT, M. D.,

Died in New Egypt, N. J., April 22, 1872.

LEWIS A. HALL, M. D.,

Born October 2, 1794. Died May 23, 1872.

OBITUARIES.

JNO. W. CRAIG, M. D.

BY ROBERT S. SMITH, M. D.

The Somerset District Medical Society, with a very large circle of his friends, is called to mourn the loss of Dr. JNO. W. CRAIG, who, after a tedious and painful illness, died at his residence on the morning of October 15th, 1871, in the 76th year of his age. Nearly half a century had passed since Dr. Craig settled in Plainfield, then a village of some 500 or 600 inhabitants: he located there in 1823. He was a graduate of the University of Pennsylvania. Possessing a good education, and an affable and kind disposition, by an attentive and persevering attention to his professional duties, he soon won the confidence and love of the people, which he retained not only as long as he was able to serve them, but until the last of his life. About four years after settling in Plainfield, he married the daughter of General Ludloe, a distintinguished citizen of Morris county. Being a young man and full of energy, and the village of his adoption then in its infancy, he immediately identified himself with the improvements and growth of the place, and became a leader in the establishment of those institutions so necessary to the success and the moral and religious improvement of a place. He was particularly interested in the erection of the First Presbyterian Church, with which he subsequently became connected, and remained an exemplary and consistent member till death.

Dr. Craig represented the county of Somerset in the State Legislature, with honor to himself and satisfaction to his constituents. He was President of the State Medical Society in 1829, and as a matter of course ranked as a Fellow from that time, with all its privileges. He was punctual in his attendance at the meetings of the Society as long as his health permitted, as well as at the meetings of the District Society. He was unselfish, possessed a high sense of the dignity and responsibility of his profession, and devoted himself, both by precept and example, to the support of professional character, opposing empiricism in every form.

His funeral was attended by the Society of which he had been so long a member, as well as by a large concourse of the most intelligent citizens of Plainfield and the surrounding country.

PETER D. McKISSACK, M. D.

BY H. F. VAN DERVEER, M. D.

PETER DITMARS MCKISSACK, of Millstone, Somerset county, New Jersey, died on the 22d day of March, 1872. By his death the profession of medicine has lost a devoted practitioner, and his patients a physician and friend whose skill and fidelity had obtained their entire confidence. Dr. McKissack came of a medical family. His father and grandfather gave their lives to the practice of physic, and each in his day was distinguished among the medical men of Somerset. With the subject of this memoir the line for the present is broken; but the son left behind him, yet a child, intends to follow the profession of his ancestors, and to emulate their career of usefulness by practicing medicine in his native home. Thus, while in our country and times, novelty and change for the most part obtain, yet among the old families of Somerset the mantle of the father falls upon the son, and generations of patients are born and die under the care of the same hereditary line of physicians.

Dr. P. D. McKissack graduated in 1842 from the medical department of the New York University, and commenced practice with his father at Millstone. This association lasted for ten years, when upon the death of the father, Dr. Mosier became his partner. Upon his removal, Dr. Mattison succeeded to his place, and he was followed by Dr. Van Deursen, who was associated with Dr. McKissack at the time of his decease. The practice of Dr. McKissack was the most extensive in the county, and he enjoyed in a singular degree the confidence and regard of his patients—a regard and confidence fully merited by his professional attainments, and his devotion to their interests. His labor was exhausting, often excessive, and doubtless caused the repeated attacks of severe illness which from time to time suspended his labors and finally ended his life.

It is impossible to express in a memoir like this, how Dr. McKissack was beloved and confided in; or how his loss is felt by the large circle who were accustomed to commit their lives and health to his care. The memory of his skill and kindness, of his successful combats with disease, and of his high-souled generosity, will be long cherished in Millstone.

EX-GOV. GEO. F. FORT, M. D.

(From Medical and Surgical Reporter, May, 1872.)

EX-GOV. GEORGE F. FORT, M. D., of New Jersey, died at his residence, New Egypt, April 22d. He was born in Burlington county in that State in

1809, and practiced medicine in Burlington and Monmouth counties for a long time.

In 1844 Dr. Fort was elected a member of the Constitutional Convention. In the same year he was elected to the House of Assembly, and in 1845 he was elected State Senator for three years. While a member of the House and Senate he served on the Judiciary Committee, and was honored for sagacity, prudence, judgment and discrimination. In September, 1850, he was nominated for Governor by one of the most enthusiastic conventions ever held in Trenton, and in November was elected. At the expiration of his term of office, he retired, leaving behind a record honorable to himself. He was subsequently appointed a Judge of the Court of Errors and Appeals, which office he held for the full term. Since retiring from this position he has held no public office.

Dr. Fort never entirely abandoned the duties of his profession. He was respected and beloved as a physician.

LEWIS A. HALL, M. D.

Dr. HALL was born in Salem county, New Jersey, October 2, 1794. He studied medicine under the celebrated physicians, Drs. Parrish and Physic, of Philadelphia, and graduated at the Pennsylvania University in 1820. In April, 1821, he was admitted a member of the Medical Society of New Jersey. The first thirty years of his professional career were passed in Middlesex and Essex counties, having moved to the city of Newark in 1834. He remained in that city, and held high rank as a physician and surgeon, for nearly twenty years. He removed to Trenton in 1852 or 1853, and while there gave his attention principally to agricultural chemistry. At the breaking out of the war he took an active part in the establishment of military hospitals, and was for a short time in charge of the military hospital at Norfolk. The last few years of his life were spent in Philadelphia, where he had many and warm friends. His company was sought after by the younger members of his profession, to whom he was always ready to impart information; and from his long experience and scientific knowledge, it was invaluable.

Dr. Hall was in vigorous health until prostrated by a severe attack of pleuro-pneumonia, which resulted in his death. He died in Philadelphia on the 23d of May, 1872, in his 78th year. He was a gentleman of excellent literary and scientific attainments, a kind neighbor, and of very fine social qualities. He was an ardent advocate of temperance, and wrote frequently and forcibly on the subject.

REPORTS OF DISTRICT SOCIETIES.

BERGEN COUNTY.

The town of Union has been practically free from all forms of sickness, with the exception of the usual spring and autumnal fevers. These prevailed to a much greater extent than for several years previous to last year; but so far as my observation has gone, the cases were not so numerous or severe as last year, and yielded readily to the sulphate of cinchona.

Dr. Hasbrouck reports that *pneumonia*, either alone or complicated with pleurisy or bronchitis, prevailed to an unusual extent and of unusual severe form all last winter, or from October, 1870, to April, 1871. A few cases occurred in April and May, and one fatal case as late as June. Recently, October 1st, 1871, the Doctor writes, this disease has assumed a more sthenic character, reminding him of the pneumonia of twenty-five or thirty years ago, when blood-letting was regarded as an essential means of cure. He did not resort to the lancet, but was not deterred from doing so from want of confidence in the remedy, but because we have a very sufficient substitute for it in the veratrum viride. This drug, given early in the disease, in doses of from five to eight drops every hour or two, until the heart's action is reduced to fifty or sixty times a minute, and then in smaller and less frequent doses, so as to keep up its effects for two or three days, I am confident that the disease is occasionally "aborted." At least, I am sure that some cases will thus get well without any condensation of the lungs sufficient to develop the slightest whiff of bronchial respiration.

Dr. Hasbrouck also reports fifty-three cases of *scarlet fever*, but the fever has at no time assumed an epidemic form. Most of these cases were scarlatina simplex. In a few, the anginose symptoms prevailed; and in three or four cases, the fever assumed a malignant type. Most of the cases have been followed by more or less grave sequalæ. The Dr. reports the diseases usual to the "section and seasons," and that they prevailed in a mild form, yielding readily to treatment.

From Park Ridge, Dr. Near reports that *remittent* and *intermittent fevers* have prevailed very generally, and in many instances, in a severe form. He relied on the sulphate of cinchona, in treating this fever, and was not disappointed in its action. During the summer, diarrhea and cholera infantum were prevalent.

From Schraalenburg, Dr. J. M. Simpson reports "unusual prevalence of *Intermittent Fever;*" otherwise his district was "remarkably healthy." He has had the opportunity of testing the effect of bromide of ammonium, in treating per tussis, and was pleased with its action. He reports four cases of inflammatory rheumatism, and five of pneumonia. He reports the following case, which is given entire.

ROBT. STEWART, *Reporter.*

RUTHERFORD PARK, May, 1872.

CASE BY J. M. SIMPSON, M. D.

DISLOCATION OF VERTEBRÆ.

On the evening of the 4th of last October, I was called in haste to see Mr. J. C., aged 21 years, who, while threshing nuts off a chestnut tree, had lost his balance and fallen some twenty-five or thirty feet, striking upon his shoulders and back upon the hard ground. While busy climbing out on a limb, he seemed to become suddenly light-headed, and fell; for he says he does not remember anything after he started out on the limb, and his sister, who was with him at the time, states that he did not attempt to save him-

self, but pitched off head foremost. When picked up he was insensible, and remained so until after he was carried into the house, which was only a few rods away. When he did recover, he complained terribly of pain in the back, shooting around into the hypogastrium, and down the left groin.

When I arrived, which was about two hours after the accident happened, I found him lying partially on his right side, with the knees drawn up and but little power to move them. On examining the back, I found a few slight bruises and scratches, and I thought a slight displacement forward of the vertebræ at the lumbo-dorsal junction. Sensation in the lower extremities was diminished, but not obliterated. Pain in the back and abdomen intense. Ordered cold applications to the back and liq. opii. co. 40 drops every two hours during the night, to keep him as quiet as possible. In the morning sent for Dr. Hasbrouck, to see the patient with me. He thought there was a partial dislocation of the vertebræ, but did not think it safe to attempt to reduce it for fear of making matters worse. He ordered the continuance of the opiate in sufficient doses to relieve pain and restlessness and pot. iodid. in 5 gr. doses every four hours, and watch the development of symptoms.

The first night after receiving the injury, he passed water, but after that, his bladder became paralyzed, and he had not the power of voiding his urine, and the same was the case with his bowels. I continued to draw off his water twice a day for ten days, when he recovered the use of his bladder, and was able to void it with some straining. Neither enemas or medicines by the mouth, seemed sufficient to move the bowels until I introduced my finger into the rectum and broke up the hardened fecal matter that had accumulated there. After twelve days, the bowels began to move of their own accord, and gradually all of his symptoms began to improve, with the exception of the deformity of his back. This increased and became very marked. In about three weeks from the time of the injury, he began to sit up in bed, and in four or five weeks, he began to walk around the house with the use of a cane. His back remained quite weak during the fall and early winter, and when walking, he generally placed his hand on his back, as a support.

During the month of January, I took him down to the city to a friend of mine, Dr. D. C. Carr; had a brace fitted to his back, and he is now working at his trade—a mason, and says that he could not do without his brace, but with its support, feels as well as before the injury.

SCHRAALENBURG, March 26th, 1872.

Cases by J. J. Haring, M. D.

Two or three small but rather peculiar cases have come under my observation, recently.

In a family in which the father and mother were both in ordinary health, and without any peculiarities, I found two children, aged two and three years, respectively, entirely destitute of teeth, except two small round and sharp rudimentary ones, in the upper jaw. In both cases, the gums were very small and the alveolar edges of the jaw wanting. The children were in good health, and in other respects well developed.

Per contra to these cases, I saw an infant born with two large, well developed incisor teeth in the lower jaw. The child is now about eight months old, and has three or four other teeth developing regularly.

In three cases of twins, occurring recently in my experience, the second child presented by the arm. In two of these the first children were footling cases.

In two of the cases of arm presentation, version was adopted.

In the third and last twin birth I had, the first child presenting by the feet was delivered in the ordinary way, followed by the after-birth. The second bag of waters presenting, it was ruptured, and an arm presentation was detected, Hastily arranging my arm, I introduced my hand into the vagina, with a view to version, when a strong expulsive pain occurring, considerably to my amazement, the child was expelled in a sort of doubled up position, quite in violation of all the rules which ought to govern in such cases.

The explanation, I suppose, is that the pelvis was capacious, and the child small, not weighing over four and-a-half pounds.

Two or three years ago, I had what I considered a remarkable case of suspension of the secretory action of the kidneys.

It occurred in a rather delicate little boy aged eight years. In the third week after the commencement of an attack of scarlatina, he became anasarcous. He had the usual symptoms—pallor of countenance, loss of appetite, difficulty of breathing, &c. The urine became albuminous, high colored, and bloody. For two days, the quantity voided was very small, and con-

stantly diminishing. At the end of this time, the secretion of urine was entirely suspended, and for three days, (seventy-two hours) no urine was passed. During this time he was in an extremely low state, constantly threatened with convulsions, but still his mind remained tolerably clear. Bowels acted once daily. At the end of the time above named, he passed a small quantity of urine, from which time the kidneys very gradually resumed their functions. The treatment in this case, consisted in keeping the bowels soluble, in nourishing the patient, giving ferruginous tonics, making counter irritations over the kidneys and immersing the body in warm baths every six or eight hours. These baths were continued for about twenty minutes, after which he was wrapped in warm flannels. After each bath, he perspired freely, and to this fact I have no doubt, his recovery was due. The entire suspension of the action of the kidneys, for so long a period, with subsequent recovery, made it, I think, a very remarkable case.

Mrs. D., aged 54, had enjoyed fair health. About two hours after she had eaten of a full meal, consisting of warm bread and other indigestible food, she became stupid and showed evidences of an oppressed state of brain. The following day she could scarcely be roused, and answered questions slowly and in monosyllables only. Twenty-four hours later, she became unconscious, and at this time, there was entire paralysis of the right side. The excretions were involuntary, the pulse feeble and irregular, and other symptoms were extremely unfavorable. No change for the better occurred for nearly a week; then, however, she became partially conscious and again moved the paralyzed side slightly. From this time, she rapidly regained the use of her side, and at the end of eight weeks from the commencement of the attack, could sew and attend to almost any household duty. She articulates well, being able to pronounce distinctly almost any word dictated to her. Her ideas are apparently clear, but it is difficult for her to give expression to them. Though an intellectual woman before her attack, she now has forgotten the letters of the alphabet, and cannot distinguish one printed word from another. She has forgotten, and cannot recall the names of her own children and friends. In attempting to give expression to her ideas, she gives utterances to sounds which are utterly unintelligible, and then seems amazed that her meaning cannot be comprehended by her hearers. She can sing any tune she ever knew, but cannot apply the words. The case in many respects differs from any I ever saw.

I was called to see Jacob Erb on February 26th; saw him at about 8 o'clock. He was insensible, with stertorous breathing, laboring pulse and the usual symptoms of compression of the brain. On examination, I found a contused and lacerated wound over the upper part of the nose. The wound was bleeding quite freely. After sponging it, I found the bones of the nose badly fractured, showing that it must have resulted from a violent blow with a hard instrument.

The body was placed in the most favorable position; the mouth and throat cleared of blood and mucus, warmth applied to the extremities and such other general directions given as were deemed appropriate. An examination of the barn where the wounded man was found, discovered an iron bar stained with blood, and other evidences that a murderous assault had been made. The wounded man died at about 10 o'clock, A. M.

I made a post mortem in the afternoon. In dissecting the scalp and soft parts, an extravasation of blood was found under the origin of the temporal muscles. The blood being sponged away, a fissure was detected in the outer table of the skull sufficient to admit the sharp edge of a scalpel. The skull was then removed in the usual way. A clot of blood was found the size of an egg underneath it at a point corresponding to the fracture spoken of. The fissure involved both tables of the skull and was about two and a half or three inches in extent. A small section of the inner table was detached but not depressed.

The immediate cause of death was evidently the compression of brain caused by the extravasated blood. In commencing the autopsy, I expected to find that the skull had yielded under the direct force of the blow, and that the ethmoid bone had been fractured and driven in upon the brain. A careful examination, however, failed to show any fracture or change of parts at this point. It was, therefore, clearly case of counter fracture. The skull not yielding to the direct force of the blow at the stronger point, but giving way at the weaker point, though more remote from the seat of direct violence.

Though in my judgment there was not the slightest evidence of a second blow having been received, still the medical testimony failed to reconcile in the minds of the jurors at the inquest, the position of the fracture with the idea of a single blow, and they therefore rendered a verdict that the deceased came to his death from a blow or blows on the head and face.

There have been two rather sudden and rather unusual deaths in my practice, in both of which I was fortunate enough to obtain a post mortem

examination. The patients were brothers, aged respectively fifty-four and fifty-nine years. Their deaths occurred exactly one month apart. Both died on Saturday; the funeral obsequies of both occurred on the Thursday following, and they were deposited side by side in the same vault. There were other coincidents that seemed very remarkable. But to a brief account of the cases.

Mr. C. N., the younger, was a man in apparent high health, extremely regular in his habits, and led a very active useful life. For about ten days before his death, he complained of pain in the precordial region, occurring in paroxysms of more or less severity, but at no time severe enough to unfit him for his ordinary duties. Happening to meet his old family physician in New York, he stated his symptoms, and the opinion was expressed that he was suffering from gastralgia, and remedies were prescribed for the same. On March 2d he had been unusually active the whole day, and returned at about 8 o'clock. At 9 he had an attack of pain of unusual severity, which in a measure passed away, and, as was supposed, he fell asleep. At 10 he had another attack of the same kind. It not yielding after an hour or more, a messenger was sent for me. Before I reached the house, he expired. I expressed the opinion that death ensued from some form of heart disease, and I urged the propriety of a post mortem. Being seconded by some friends of the family, the post mortem was agreed to and made.

The first organ examined was the heart. It was found to be of natural size and in a normal position. Its walls were of proper thickness, showing slight but not very well marked softening. All the valves were carefully examined and tested, and found perfectly natural and acting well. Somewhat nonplussed, the investigation was about to be directed towards other organs, when the idea was suggested to examine the coronary arteries. This being acted upon disclosed the fact that the anterior coronary artery was for some distance thickened or cartilaginous, and at one point its calibre was so nearly obliterated as hardly to admit of the passage of a small probe. *The posterior artery was more or less in the same condition.*

The result of this condition of vessels was, that the heart must have been very imperfectly nourished, and that its action was probably greatly disturbed. This lesion being commonly accepted as one the most frequent causes of Angina Pectoris, the conclusion arrived at was, that this was the cause of death. This opinion was confirmed by finding the other vital organs in a normal condition.

The other case of sudden death was that of the brother before alluded to.

His health had been impaired somewhat for several months. There was a hesitancy in his manner of articulation; a somewhat sluggish action of mind, and other symptoms, indicating, as I thought, brain trouble. He also had hematuria at different times, to such an extent as to reduce his strength materially. He complained at times of a pain in the right side, which, however, was never very severe, and which he had been led to regard as rheumatic in its character. On March 30th, he got up at his usual hour, and ate his breakfast. During the morning his sister and others called to see him, and he expressed himself as feeling unusually bright. At half-past twelve o'clock his daughter took up his lunch, to him and left him partaking of it while she went down stairs to attend to some duties. About ten minutes later she heard a rather unusual jar, and on going up stairs, found him lying on the floor, as she supposed, in a fainting condition. I reached the house a half hour later, only to find the body cold and lifeless.

A past mortem was also advised in this case, and consent thereto readily obtained. The autopsy was made forty-eight hours after death. In this case I expected to find a clot in the brain or some other lesion of that organ, sufficient to account for death; notwithstanding the suddenness of his death could scarcely be reconciled with this theory. The only pathological condition of brain was a slight but well marked softening at two points, which accounted for some of his symptoms, but did not account for his death. Attention was, therefore, diverted to other organs. In turning up the sternum, a large quantity, (perhaps two pints and a half) of clotted blood, was found in the right side of the chest, which excited the suspicion of the rupture of a blood vessel. A further examination disclosed the existence of a large aneurismal sac communicating with the aorta. This sac had burst at the most posterior and dependent portion, and had resulted in almost instant death. The kidneys showed some evidence of trouble; the other organs were found healthy.

BURLINGTON COUNTY.

Chairman of the Standing Committee, &c.:

The Reporter of the District Medical Society of Burlington county, *ex officio*, regrets that its members are absolutely free from the cacoethes scribendi, for their reports to him attest

this by "postulate illation." Their recorded therapy and psychological evolutions would form an interesting and valuable medicative history of our county. Reports call forth a general esprit de corps—supersede crude generalities, improve flimsy opinions, and establish the successful treatment of our climatic diseases.

We are never rid of Periodic Fever.

At any season in the county there are the ague-struck, who do not even visit the fens; and yet are agued early in the spring, as well as in the summer. Indeed, in the winter and spring, it is probable that as many cases can be found far away from the fens as in the inhabited fen districts.

Other diseases assume a periodic form, particularly fevers, neuralgia, and even urticaria often is secundam.

Inflammatory rheumatism is comparatively scarce; the nervous form more frequently appears, and neuralgia is ordinary.

No malignant endemic has disturbed us, and excepting the enteric or typhoid fever, the diseases were not generally intractable.

As farmers and their laborers by machinery now cultivate, gather and thresh their crops, drink iced water and less alcoholic stimulants during the harvest time, and more generally practice hygienic laws than formerly, I believe they are consequently more healthful.

A disease that affects a great number of women, independent of their age and social status, is *spinal hyperæsthesia.* Upon this state of the nervous centres many perverted functions of the organs, tissues, etc., depend. And to it, by analogical reasoning rather than pathological research, must be attributed many and various symptoms.

Medicines seldom cure it; for a time only counter-irritation is beneficial; and with its repetition the patient becomes disgusted and discouraged, hence it is abandoned.

Rest is absolutely demanded in most cases.

For the emesis, oxalate of cerium has often been useful.

Iodoform does not particularly tend to its cure.

As we are sometimes ignorant whether the cause be centric or peripheric—an anæsthetic or hyperæsthetic condition of some distant part, a satisfactory treatment has not been found.

For the prevention of *post partum pains*, chloral has been efficacious. To those parturients whose post partum pains exceeded in duration and severity their ante partum ones, and to those also with whom other narcotics disagreed, chloral has become a *sine qua non* for this much of the "martyrdom of maternity." To one whom I attended in several labors, and who suffered more from the post than the ante partum pains—and more than any other from these I have ever attended—I gave December 31, 11 P. M., fifteen grains of chloral, and repeated this quantity nine times, every half hour. The child was born at 1 A. M., January 1; at 3½ A. M. the pupils were contracted as much as possible. Breathing stertorous, and from the lethargy I could not arouse her. At 4 A. M. I obtained muttered and monosyllabled answers. Orders were given to repeat the dose as before, if need be. In the evening I visited her, found her drowsy, and that one dose only had been given, and that at her request.

She was very complimentary and thankful for her escape from pains, which at such times had prevented her from sleeping for two or three days and nights successively.

Opium, nor any of its preparations, she could not tolerate, because of the violent emesis they caused. Neither could the administration of chloroform be entrusted to inexperienced and ignorant nurses.

During several years I have administered chloroform to almost all the parturients, and have never had cause to regret its administration; and those who have taken it once never

object, and often insist on its inhalation at subsequent labors.

When the os uteri is thin and unyielding, I believe it expedites its expansion.

And if it prolong the last stages of the expulsion of the child, the forceps are applied with great advantage.

Constant intercommunion with Philadelphia during the epidemic of *variola* lately existing there, and a few cases here of this disease, warned the community of the importance of their self-protection. Hence in October, Vaccinia became the voluntary and popular epidemic. It increased for six weeks to a great extent, and during the following six gradually died out. Whole families, old and young, became vaccinifers; and in this region round about never was vaccination to so great an extent practiced before. On the old, who had been many years before previously and successfully vaccinated or inoculated, a genuine vesicle was not more often produced than on the young who had previously had vaccinia or variola.

Revaccination with the primary crust produced the same proportional results in this District, as vaccination with the secondary lymph in the English cases reported in The British Medical Journal, August 19, 1871. Fifty to the one hundred and fifty were entirely unsuccessful; eighty-six terminated in papules and small spurious vesicles, and only fourteen yielded true primary vesicles.

But by oft repeating the vaccinating, a papule or spurious vesicle could be finally produced in those who had been recently unsuccessfully vaccinated. Revaccinations ran two days ahead of the primary, often resembled furunculus, and the phlogosis sometimes equaled that of anthrax.

Those of this Society who had tried the virus from the cow, preferred that from the child, because by the latter pustules were more readily produced.

A distinguished Emeritus professor, in his popular "Practice of Medicine," states: "So far as my observation has gone, and I believe the same result has been obtained by others, that if the vaccine virus be inserted so early after exposure that the vesicle shall appear before the variolous fever has occurred, the small-pox will either be prevented altogether or will be so far modified as to be harmless." I had so often seen this assertion confirmed, that I believed it infallible until I attended this case, viz.: D. Vansciver, age twenty-six years, was, October 17, 1871, exposed to variolous contagion. When he was an infant he was vaccinated by my father. October 24th I revaccinated him; 31st was requested to visit him professionally. He had as genuine a vaccine vesicle as I had ever seen, and surrounding it much inflammation. Although he had the prodromic symptoms of variola, I could not admit it because of my belief in the above dogma, and because he himself was then an exponent of the protective powers of vaccinia, and this, too, in the lyterian stage; yet at this time he was affected with variola, and died on the fifth day from the time I first visited him, of malignant confluent small-pox.

Case.—Because of its singularity, I will report the following case:

Lately I visited a young man, who complained of pain in his back and head. He was apyretic, and the disease was considered neuralgia.

In a few days the pain left the back and was concentrated in the right temporal region. There it was intense and incessant. The pain, soreness of the scalp, emesis of the cerebral type three or four times daily, and insomnia were the principal symptoms until the 21st of the month, which was also the tenth day of the sickness.

At 10 A. M. of this day I visited him, and found him for the first time nearly free from pain in the head. An hour

afterward he was hemiplegic—intellect undisturbed. Whilst tying his arm for venesection (for his pulse was full, slow and strong), I found on it several small and acuminated pustules. These were found on his scalp, body, limbs, and on his face one only.

On the following day Dr. R. J. Lewis, of Philadelphia, saw the case with me in consultation. Aborted variola was his diagnosis, affecting principally the brain. The doctor informed me that during the last epidemic in Philadelphia of variola, there were many such cases. The poison of the disease was expended on the brain; the cerebral symptoms and not the eruption—for frequently no eruption existed—were the principal and often only ones.

The high authority and experience of this physician entitles his opinion to a most respectful consideration.

My ignorance of this form of variola forbids apparent egoism on my part. Apparently, the Ferri. Subcarb. was the only medicament which remedied the pain. This had been taken twenty-four hours when he was paralyzed.

When the left side became palsied, the temporal pain ceased. Two or three days afterward the pain returned to the right superciliary ridge, and the iron was resumed. The pain left, and aphemia followed.

I state this because Dr. Jackson (Hughlings) wished "emphatically to teach that when hemiplegia attends loss of speech, the palsy is almost invariably on the right side of the body."

S. C. THORNTON, *Reporter.*

MOORESTOWN, MAY 4, 1872.

CAMDEN COUNTY.

To Chairman of Standing Committee, &c.:

During the first half of the year 1871, the general health of Camden county was above the average of previous years. Scarlet Fever and Diphtheria, which in former years have been so prevalent, were scarcely seen at all, and only in sporadic cases of no great severity. The spring, succeeding a winter of great severity, was at least a fortnight earlier than usual. The heats of summer were not excessive, and the earth was refreshed and the atmosphere cooled by copious and repeated showers. Sun-stroke, which in some previous years was of very common occurrence, often proving rapidly fatal, was scarcely seen. We believe no fatal cases were reported in the city of Camden, where, in the previous year, a number of fatal cases were met with.

Cholera Infantum and Diarrhœa were not nearly as frequent as in former years, and were much more amenable to treatment.

Remittent and Intermittent Fevers were seen in the rural districts to a limited extent, but were not at all prevalent in the city of Camden itself. This exception of Camden from intermittent and remittent fevers has now continued for several successive years, and can, we think, be fairly attributed to the better system of surface and underground drainage so generally adopted over the whole city, which has been mentioned in the reports of previous years.

Dr. Bramin, of Blackwoodstown, reports that *Bilious Fevers* of a protracted type, were very often seen in his circle of practice; many of the intermittents running into this form of disease. He also mentions that typhoid fever, of a mild type, was frequently met with, commencing as typhoid *ab initio* and not as a sequence of other fevers.

As a general thing our malarial fevers have very much diminished within a few years, owing, we believe, to a better system of cultivation and drainage in the county, as well as an improved system of sewerage in the city of Camden: the number of acres of swamp and marshy land being very much diminished within the last few years. A striking instance of the increased health of a neighborhood may be mentioned in this connection: Newton Creek, which was once a navigable stream, was dammed off at its mouth more than eighty years ago, in order to save the expense of meadow bank along its margin; the outlet to the river was by means of sluices with doors to keep out the tide. The bed of the stream, for want of a sufficient current, gradually filled up to a mere ditch, and the meadow lands at the head of the stream were often covered with back water for days at a time, after heavy rains, and the meadows became wet and marshy. During the hot weather all the inhabitants along the course of this stream were habitually afflicted with intermittents and remittents during the summer, and quite late in the fall. Two years ago the embankment at the mouth of this creek was carried away during a freshet, and the whole extent of meadow land amounting to seven hundred acres, was flooded twice during every twenty-four hours with a fresh overflow of water. Since this has been the case the health of the inhabitants has very much improved, and intermittents have ceased to a very great extent. So well convinced are the residents that their increased health is owing to the removal of the stagnant water, that they have neglected to repair the break in the embankment, and have procured legislative authority to entirely remove the dam, and let the tide have free access to the channel of the creek, preferring to incur the expense of putting up banks for their meadows for the sake of the great improvement in their health.

During the month of August, *Small-pox* made its appearance in the lower part of the city of Camden, in a neighborhood inhabited mostly by colored people. This part of the town had been only recently annexed to the city of Camden, and its sanitary and hygienic condition was bad in the extreme. The houses and yards were small and filthy, with pig-pens and privy-wells often overflowing, in close proximity to the houses, and a large portion of the houses unprotected by vaccination. Under such adverse circumstances, it was no wonder that the disease spread in this locality. The sanitary committee of the city councils took charge of this district, and had it thoroughly cleaned, and the nuisances removed as far as practicable, and for a time the disease seemed to be held in check, until some time in October, when it increased and spread to the surrounding districts. This was coincident with a rapid increase of the disease in the city of Philadelphia, where the weekly mortality increased from eight or ten to sixty-five, and soon assumed the character of an epidemic of unusual severity and fatality. The constant daily intercourse of a large portion of our citizens with Philadelphia no doubt tended greatly to increase the number of cases. So great was the increase in the number of cases, that a small-pox hospital was opened, and has continued in operation to the present time. It was placed under the charge of Dr. R. W. Morgan, one of the members of our District Society, from whom we have obtained some valuable statistics in regard to the disease and its mode of treatment; and it is but just to him to state, that the ratio of mortality of the cases under his care compare very favorably with other small-pox hospitals. The number of cases up to the present time treated in the small-pox hospital was 133, with a mortality of 18.02 per ct. The cases treated at their own homes by the city physician was 104, with a mortality of 16.04 per ct. The mortality

among the unvaccinated was 34 per ct; this compares favorably with the statistics of the small-pox hospital in Philadelphia, where the total mortality of the whole number was 29.34 per ct.; and taking the unvaccinated cases the mortality was 65 per ct. Both in public and private practice much the larger part of the mortality was among the unvaccinated. Most of the deaths among those who had been vaccinated were from some intercurrent disease.

Notwithstanding all that has been said and written on the protective power of vaccination, it must be confessed that there is still a great prejudice against it, especially among the less intelligent part of our population. Vaccination was freely offered to all who were unable to make pecuniary compensation for it, by the city authorities, yet many refused to avail themselves of the offer, and cases of natural small-pox were constantly met with during the whole winter.

A published mortality of 1,000 persons in the month of December alone in Philadelphia, attest the extent of the disease, as well as its fearful mortality; and we are still far from realizing the boast of the immortal Jenner, who, in the first burst of enthusiasm caused by his great discovery, announced that we now had it it in our power to banish from the earth one of the most loathsome as well most fatal diseases to which the human family were subject.

There being no law in the city of Camden compelling physicians to report the cases of small-pox, we are without accurate data to ascertain the total number of cases but, as far as could be gathered from consulting the different physicians, the total number of cases of small-pox may be stated as one thousand in a population near twenty-three thousand. The deaths from small-pox have been 157, showing quite a large mortality from what has been considered by many as a preventable disease.

At the present time the disease has almost entirely disappeared from our midst. It may be remarked that the course of the disease this year, seems to confirm the popular idea that *small-pox is worse during cold weather*—it was certainly so here. After every cold spell there was a decided increase in the number of cases; and Dr. Morgan, the city physician, informs us that the mortality was always higher during extreme cold weather. Patients who, to all appearance, were doing well during a mild period, suddenly changed for the worse when the thermometer out of doors sank low. He says that during a very cold spell of weather during the month of March, lasting over a week, the mortality in the hospital was near 50 per cent., and when the weather moderated it was very much lessened; and that during the warm weather of October, when the hospital was first opened, nearly all the cases recovered, and that the mortality increased as soon as the cold weather commenced in November.

Some peculiarities of the disease may be mentioned: Many of the cases were decidedly malignant in their character. In such cases the eruption made its appearance about the third day, not in the ordinary vesicular form, but as if the skin was detached, filling up with a reddish colored fluid, not rounded and well-defined, but flattened and rather shriveled in appearance, with a red color around their base, very much resembling purpura, with considerable tumefaction in the cellular tissue; hemorrhage from the mouth, nose, and in some cases from the vagina, were met with, with a small, feeble and frequent pulse, much cerebral disturbance and general prostration. Such cases were almost uniformly fatal in forty-eight or fifty-six hours from the first appearance of the eruption. Another class of cases went through the stage of maturation until the 12th or 13th day, when the pock had a black look, on the top, very much resembling India ink. This blackness

extended over the whole body, and the cases often terminated unfavorably about the 18th or 20th day, often with great effusion in the lungs, which began with an irritation of the larynx, with much œdema about the glottis, causing great difficulty of breathing. In many of the cases, the bowels were obstinately constipated from the commencement. Very few of the cases were troubled with the secondary fever, so much spoken of by some authors. The fatal cases mostly being in those of the malignant character, terminating as we have already mentioned in 48 or 56 hours, or from some intercurrent disease at a later period, generally in the respiratory apparatus.

It may be mentioned that the disease was very fatal among young children, who were unprotected by vaccination; and the neglect of this operation in many families very much increased our bills of mortality; in fact, as we have already mentioned, much the greater number of deaths were among those who had it in the natural way. Those adults who took the disease had never been vaccinated since infancy—in such cases the protective power of vaccination had been lost by time.

Your Reporter has made special inquiries from nearly all our physicians, as to the protective power of vaccination and revaccination, and all agree that it is of the greatest possible benefit. Of the many thousand persons who have been revaccinated during the past six months, but *two cases* have been reported as taking the small-pox; that is of those who have been revaccinated before exposure to the contagion. Both of these did well, and had the disease in a mild form. So that we may fairly infer, that although we have had so many cases during the past six months, had vaccination and revaccination been universally practiced we should have had very little of the disease. The experience of European countries

where compulsory vaccination has been fairly carried out is, the disease has almost entirely ceased for a number of years.

As a striking instance of the protective power of vaccination, we need only allude to the case of our own physicians, all of whom have been exposed to the contagion for more than six months, often in its most intense form, without a single one of them having the least symptoms of the disease. How different this from epidemics of yellow fever and cholera, where physicians so often fall victims to the disease.

We have also made inquiries as to the comparative value of the virus *taken from the cow*, with that of the *humanized* virus, and all agree that the latter is just as good a preventive as the former, without the great disadvantage of the much greater local irritation which the virus fresh from the cow almost always produces.

As regards the *treatment* of small-pox, it may be said that the disease was rather of an asthenic type, and in consequence the treatment was supporting rather than depletory. During the cold weather hot drinks, such as hot lemonade, was very useful in favoring the development of the eruption, but in warmer weather it was not necessary. Spiritus mind., in combination with neutral mixtures, was of advantage. Most of the malignant cases, as we have already stated, were fatal in an early period, but stimulants, such as punch, with brandy or whiskey, with beef-tea, were essential. A good, substantial diet was of great benefit after the maturative stage was over. Glycerine was very frequently used, both externally in combination with laudanum, to allay the local irritation, and internally as an alterative in combination with syr. ipecac, spiritus mind. and solution of morphia. Dr. R. W. Morgan informs us that he has within the last month used a new remedy with the most satisfactory results; it is the Hyposulphite of Soda. He gives it in seven grain doses every

three hours, in combination with syr. ipecac, paregoric and spiritus mind. He gives it on the first appearance of the eruption; within 24 hours, he assures us, that the pustules show a decided shriveling, and run their course much sooner than when left to themselves. He states that he has used it in a number of cases, both in hospital and private practice, with very satisfactory results. He explains its action as that of an antiseptic, and was induced to use it from its having been used in scarlatina and other malignant diseases. Should further experience confirm the favorable report of this remedy, it will be of great value in the treatment of this loathsome disease.

As the consequence of a cold and protracted winter of unusual severity, diseases of the respiratory organs have been of great frequency. *Pneumonia* especially has prevailed during the whole winter to an unusual extent, and the mortality from this cause has been much above the average. It has often attacked both lungs at the same time; such cases were often fatal. For the most part it was of an asthenic character, requiring a supporting treatment, both as to medicine and diet. Quinine was used with much advantage in this, and in fact in most of our winter diseases the use of quinia seemed to be followed by the happiest results; many forms of disease seeming to be periodic in their character. This was the case especially with rheumatism and neuralgia; at least there seemed to be periods of aggravation of the disease and then an apparent amendment. In such cases quinia was used with great advantage.

Cases.

But few cases of special interest have been reported.

Dr. Alex. M'Cray reports a case of severe and protracted narcotism from the hypodermic use of one-third of a grain

of sulphate of morphia, given to a patient who was suffering from schirrus of the uterus, and who had previously partaken largely of McMunn's elixir opii ; it was overcome after a few hours by the use of two grains of extract of belladonna, given in divided doses by hypodermic injection.

A case of enormous *Cyst of the right kidney* in a person over seventy years of age, under the care of your Reporter, may not be without interest. My attention was first called to it in the summer of 1865; at that time there was a well-defined tumor a little to the right of the umbilicus, extending upward toward the false ribs. He stated that he had noticed it more than a year previously, but as it gave him no particular inconvenience he had said nothing about it. It had rapidly increased in size within the last few months, and his general health had been failing. It was about as large as a child's head, and gave no particular pain. On manipulation it was immovable and evidently contained a fluid. Having recently met with a case of enormous hytadid of the liver, I was under the impression it might be of the same character, but confessed myself unable to make out a satisfactory diagnosis. He was put on the use of the iodide of potassa, followed by iodide of iron and quinine, and a general tonic treatment to rebuild his general health, without any special reference to the tumor. Under this plan he became much better in health, but the tumor gradually increased in size. He could walk without any great inconvenience, but riding always gave him great pain. During the last six months of his life he was confined to his bed with partial loss of power in the lower extremities, which I attributed to the increasing weight and pressure of the tumor, which had now attained enormous dimensions. The bowels were obstinately constipated, and could only be moved by purgatives, and the fœces were of a

flattened ribbon-shape. He died in January, with symptoms of strangulation of the bowels, as there was decided stercoraceous vomiting the last two days of his life. The autopsy, made twenty-four hours after death by Drs. Schenck and Marcy, revealed an enormous cyst of the right kidney, occupying a large portion of the abdominal cavity, displacing the intestines and pushing up the diaphragm; the ascending colon was directly in front of the tumor, fastened to it by strong adhesions, and completely flattened out between the tumor and the abdominal walls. On being opened, it was found to be filled with a reddish brown fluid, with large quantities of a thick sediment at the bottom; this was so abundant as to be taken out by the double handful, and resembled somewhat a lateritious deposit. All traces of the natural structure of the kidney were obliterated. The tumor with its contents weighed forty-two pounds.

RICHARD M. COOPER, M. D., *Reporter.*

CAMDEN, April 27, 1872.

CAPE MAY COUNTY.

Chairman of Standing Committee, &c.

Although we have had a good deal of sickness throughout our county during the past year, it has consisted so almost entirely of our ordinary endemic diseases, and has been so free from epidemics of any kind, that there is but little of interest to report. Intermittents, which were so prevalent a year or two since, have pretty well subsided, and are at about their ordinary average. During the winter we have had some little pneumonia, with the other ordinary diseases of the cold term. A little of scarlatina and also of measles and whooping-cough, but nothing so far as I know approaching an epidemic. A few cases of *Small-pox* were imported into the

county from Philadelphia, but did not extend beyond the persons first attacked. Our ratio of mortality has been very small.

The only thing of special note that I have to mention is the singular course of the *vaccine* disease in both the revaccinated, and those who had been vaccinated when children. The fright of the people drove almost every one to revaccination, and made parents anxious to secure it for their children. In the cases of the revaccinated, I never saw such intensely sore arms, often being swelled from shoulder to elbow with an areola of equal extent—no doubt erysipelatous, but occurring so frequently as to be an almost daily occurrence. But with the unprotected the true vaccine pustule was the exception; a very large majority coming up with a frothy, yellow, scabby-looking pustule, with an imperfect areola at the proper time, and followed with a succession of yellowish crusts for from four to eight weeks before perfect cicatrization would take place; leaving a very imperfect mark or pit. Other physicians of the county have spoken to me of the same difficulty and irregularity. Query: How far will such vaccinations protect against the small-pox? They protest against repeated vaccinations.

VIRGIL M. D. MARCY.

COLD SPRING, Cape May Co., May, 1872.

CUMBERLAND COUNTY.

Chairman of Standing Committee, &c.

We have enjoyed another year of remarkable healthfulness in our county; during the winter, however, owing to its being so protracted, and the temperature so changeable, diseases of the respiratory organs were more prevalent than usual, especially pneumonia and pleurisy. In Cedarville, Dr. Ephraim

Bateman reports a peculiar form of cold, epidemic in character, accompanied by severe cephalic derangement, and a severe and protracted cough, which resisted remedies, and only subsided on the approach of an even temperature.

Small-pox prevailed for a little while, quite extensively in Millville, but by careful hygienic measures, and a system of general vaccination and revaccination, was soon checked. Several deaths occurred. One very severe case, in the practice of Dr. Tomlinson at Roadstown, died, and two cases of severe varioloid recovered. There were several isolated cases reported, occurring in different parts of the county, mostly traceable to Philadelphia as the place of their origin. A case of varioloid of much severity occurred in Bridgeton, and was the means of bringing forth from their resting places many venerable (by age) lancets, and the "sore arm committee" all over the county was indeed numerous. The *peculiar susceptibility to revaccination* was marked. Many who felt themselves secure from the dreaded disease found the revaccination to take finely. Arms that for years had refused to be affected by the virus, showed unmistakable evidence of its power.

Dr. Elmer, of Bridgeton, used in the treatment of small-pox, with gratifying results, sarracenia purpura (pitcher plant) as a drink.

Our County Society still meets semi-annually in April and October; the interest in the meetings increasing, and we all find the gatherings both pleasant and profitable.

At our last meeting Dr. J. Barron Potter read a very interesting essay on "The Medical Aspects of our City and County."

Reports on epidemics and interesting essays being called, *varicella* was reported as having prevailed to quite an extent in a small village lying between the cities of Bridgeton and Millville (Gouldtown)—twenty-five or thirty cases; and as

small-pox was raging in the latter city, it gave rise at first to quite a panic among its inhabitants. Cases of scarlatina and rubeola were reported, though not nearly so many as in other years.

Pneumonia seemed to have been quite common, and the questions as to bleeding from the arm freely in the first stage was discussed, and all excepting one advocated prompt and free bleeding in the earliest stage of the disease. One member preferred the *veratrum viride* to the lancet.

Dr. H. W. Elmer reports success in several cases in the treatment of sprains by the use of *sulp. atropiæ, hypodermically.*

A very interesting case of aneurism of the aorta was reported by Dr. Smith. The diagnosis made a year previous to the patient's death was proven correct by a post mortem examination made by Drs. Smith, Potter and Sheppard. I had hoped to have had a detailed account of this case from Dr. Smith to have sent you.

Time will not allow a more extended report from me.

SAM'L G. CATTELL, *Reporter.*

DEERFIELD, May 1, 1872.

ESSEX COUNTY.

Chairman of Standing Committee, &c.

The medical history of Essex county, for the year ending May 1, 1872, exhibits the fact that epidemic influences have prevailed to a considerable extent, over a large portion of the district, during the entire period.

From May 1, 1871, to April 26, 1872, nine hundred and thirty cases of *Small-pox* were reported in the city of Newark, one hundred and twenty of which proved fatal. The largest

number (two hundred and three) occurred in May, 1871; the smallest (fifteen) in September. Between these three months there was a gradual decline in the number of cases. Since September there has been a gradual increase, the number in March, 1872, reaching one hundred and eleven.

On the 20th of May, 1871, the same disease made its appearance in the city of Orange. From that time until the present, seventy-one cases have been noted—sixty-four cases occurring before the 3d of August.

I am indebted to my friend, Dr. Lloyd, for the facts which follow in relation to this epidemic.

Sixty-one cases came under his observation; of this number thirty-seven only had ever been vaccinated. Twenty-four cases were fatal; of these, seven had been vaccinated, fifteen had not been; while evidence concerning the remaining two, in this particular, was doubtful.

The ages of patients who had been vaccinated, ranged as follows:

Between 1 and 10 . . .	2	Between 50 and 60 . . .	2
" 10 and 20 . . .	10	" 60 and 70 . . .	2
" 20 and 30 . . .	12	" 70 and 80 . . .	1
" 30 and 40 . . .	7		
" 40 and 50 . . .	1	Total, ...	37

Two of the fatal cases occurred in puerperal women.

In four instances, the patients had been revaccinated, from four to six days previous to being attacked, the vaccine disease appearing with its characteristic pustule following its usual course.

One victim to the malady was an infant. I am informed by Dr. L., that he made four ineffectual attempts to inoculate the child *with fresh virus* previous to its exposure to variola.

It will be seen from the foregoing observations, supposing the cases referred to to have been properly vaccinated, that if there be no doubt as to the protection which vaccination insures, the period of time during which its protective power lasts is quite variable. In twelve instances certainly, if not in more, it had spent its force in less than twenty years: in two, in less than ten years. Occasional attempts at revaccination, therefore, cannot be too strongly urged. The last case referred to suggests reflection before making the announcement, as is frequently done, that insusceptibility to the influence of the vaccine virus admits of exposure with impunity to the contagion of variola.

Scarlatina has not been uncommon in many parts of the county. Deaths have not been infrequent, although the cases have been, in the main, of a milder type. A case occurring in my own practice, the day following the patient's confinement, terminated fatally twenty-three hours subsequent to the first manifestation of the malady—vomiting. Dr. Pierson, Jr., of Orange, reports a similar instance; the duration of life being but a trifle longer than in the case referred to above. A third case of similar character, and fatal, occurred under the observation of another physician in Orange.

Epidemics of *Measles* appear to have prevailed wherever there was no dearth of material.

Dr. Jobs, of Springfield, writes that since the commencement of the present year, he has encountered an unusual disposition to diseases of the respiratory organs in his practice. *Pneumonia* and Bronchitis have been common; in some instances the attacks have been severe; they have, however, yielded kindly to the usual mode of treatment. At the time of his writing (April 19th) an epidemic of *Whooping-cough* was raging in Springfield. Adults and old people were not exempt; many bearing testimony, deemed reliable, that they were for

the second time victims of the disorder. The so-called specifics Dr. J. found of no service whatever in the treatment.

Within the past month, in different parts of the county, there have appeared quite a number of cases having the following characteristics; A febrile movement, pain in the head and along the spine, delirium, vomiting, tetanic symptoms, cutaneous hyperæsthesia, petechial spots, etc., leaving no doubt that the disease is *cerebro-spinal meningitis*. I have not been able to obtain statistics as to this apparent commencement of an epidemic. At least one-third of the cases are believed to have been fatal. I have been advised of only one instance of a post mortem examination. In this subject the cranial cavity alone was examined; all the lesions of acute meningitis were found.

The treatment has been far from uniform; nor has any particular plan furnished evidence of its superiority. The following formula has been recommended on theoretical grounds, and employed with variable success:

℞

Ext. Belladonnæ Fluidi.
" Conii Fluidi ā ā ʒi.
Tr. Physostigmæ ʒii.

M. S. 20 drops, frequently repeated.

Opium has its advocates; the salts of quinia are freely employed by others, while ergot and the bromide of potassium have been thought by some to exert a favorable influence over the progress of the disorder.

The remarks of the reporter for the year ending May 1, 1871, as to miasmatic affections, are equally applicable to the year just closed.

There have been few stated meetings of the County Society during the year. This *apparent* lack of interest in the discus-

sion of scientific matters is to be accounted for by the fact of the existence of two social organizations, whose monthly meetings for professional improvement are fully attended.

FRANK WILMARTH, *Reporter.*

EAST ORANGE, May 1, 1872.

GLOUCESTER COUNTY.

To Chairman of Standing Committee, &c.

The county of Gloucester the past as well as several years preceding it, has enjoyed an extraordinary exemption from disease. There has been nothing that I should be willing to call an epidemic.

There have been some attacks of bilious fever, pneumonia, measles, whooping-cough—a few cases of *Small-pox*, two only reported as having died; they were men past the meridian of life, and farmers, who contracted it in Philadelphia, no doubt, as they were frequently there to sell the produce of the farm. One of them recovered from the disease sufficiently to go out and attend to his business about the premises: one evening complained of feeling unwell, and died in a few hours, in great pain in the lumbar region. None of the usual remedies, even when administered heroically, I am told, seemed to afford any relief. The other terminated fatally on the tenth day. The pustules never filled. Every effort was made by Dr. Ashcraft to bring them out and fill them up, but all failed. It at first assimilated with what down here we call "a bad cold." Was treated with a mild cathartic, after which the usual diaphoretics, containing a small portion of antimo., and then the pustules could be seen; but nutritious diet and warm drinks would not cause them to fill. The other cases recovered under the common treatment.

Dr. S. Fisler, of the southerly part of the county, near Vineland, informs me that within a few months eight persons,

past the middle age of life, have died. They lived in Cumberland, near the county line, in the small towns—the outshoot of Vineland—and filled with emigrants, mostly from New England. Were attended by physicians from that same New England. The general features of the disease were relaxed bowels and sallow skin for a few days—and without any marked change would sink and die, notwithstanding the use of, at first, small doses of calomel and Dover powder, followe with tonics—but I understand death overtook them at an unlooked-for moment, and before it was expected. There was an investigation on the premises as to the cause, but nothing in the water or in any of the surroundings was developed to account for it. Several others were similarly attacked, but were relieved by the above remedies.

In conclusion, I will report a case I had under treatment a few weeks ago. There was nothing very remarkable in it that I know of. Mrs. Shoemaker, a married woman and in easy circumstances, residing in this village, aged 47 years, had been complaining about a year, passing through the change of life—had not menstruated for that length of time. A bilious coat on the tongue, pain along the whole course of the spinal column, more severely in the lumbar region; loss of appetite; suppression of urine, almost entire for the six weeks previously to my being called; great flatulency; skin sallow, almost yellow; abdomen much enlarged, in the latter part of the day; lower extremities œdematous; bowels considerably constipated; the uterus low down in the vagina. After making a thorough examination of the case, I put her under the following treatment. Living near the patient, I had the prescription carried out fully:

℞ Verat. ʒi.
Ungt. Cerate, ʒj; rubbed well together.

Rub a piece as large as a common cherry along the spine, morning and evening.

℞ Hyd. chlorid. mite ℈ ss.
Quinine sulph. ʒ i.
Morph. sulph. gr. i.
Strichniæ, gr. i¼.
Arsen. acid gr. iss.
M. Pill xx. One before each meal.

℞ Chloral Hyd. ʒ ss.
Bromide potass. ʒ j.
Aquæ distl'd ʒviij.

A table-spoonful in three of sweetened water, at bed-time.

Before I was called, she had been prescribed for by a German doctor in Philadelphia, who charged her twelve dollars for a bundle of medicine which she had taken without improvement.

After using the above remedies about a week, she urinated freely. A flow of the catamenia was set up. *Her mouth became very sore, much resembling ptyalysm from calo.* The flatulence ceased; patient recovered rapidly. In connection with the above, I procured one of Everett's abdominal supporters, the use of which enables her to walk and be in a standing position without any disturbance in the lumbar region. This was one of the most rapid recoveries I have ever witnessed from such a complication of complainings. As soon as her mouth would allow, she could eat almost any thing without producing the unpleasant feeling it formerly did. And now, in the fourth week she continues to be relieved from all the pains, aches, choking sensations, etc., of which she complained in the beginning.

JNO. R. SICKLES, *Reporter.*

MANTUA, May 8, 1872.

HUDSON COUNTY.

Chairman of the Standing Committee, &c.:

In presenting a history of diseases prevailing in Hudson County for the past year, I am met at the outset with the difficulty of unreliable or rather deficient registry. By an act of the last legislature, however, a record is henceforth to be kept at the County Clerk's office, which will, I trust, prove of future if not immediate benefit. Hitherto, no certificates of death were required previous to interment, and if demanded by outside authorities, were sometimes made out and signed by the undertaker in lieu of the physician. This and other abuses of unlicensed and ignorant pretenders to medical skill will we hope be abated by law.

We have had during the past year not only our usual epidemics of measles, scarlet fever (mostly of a mild type), and whooping-cough, but also an extension of *small-pox* from its habitat of last year. As we had reason to fear from the eminently unhealthy region of its existence in Hoboken last year, it has more widely extended its ravages, and few parts of our county have been entirely exempt from its effects. Jersey City has suffered pretty severely; the records of its small-pox hospital showing a large number of cases, with a pretty heavy mortality. The figures from Hoboken are, I believe, quite as unfavorable. The large per cent. of mortality (not quite 400, as one cynic observed) is mainly due to the fact that not all cases were sent to hospital, and selection was made of the worst, both in degree and surrounding circumstances; and the hospitals themselves were not proper places, either in interior arrangement or situation.

In addition to these epidemics, we have been visited with *cerebro-spinal meningitis*, in common with most of neighboring

communities. I regret I cannot give the approximate number of cases. From what I learn in professional intercourse, I should think the number over fifty, about one-half proving fatal. Treatment has been various, and to most, unsatisfactory. Quinine, opium, bromides of calcium and of potassium, turpentiné, calabar bean, chloral—*et id omne genus*—have so succeeded and so failed as to leave *the* remedy still to be determined by each practitioner for each case.

Malarial diseases seem to become more prevalent each year, whether due to a more general, widely-spread miasm or to particular local but extensive improvements in grading, excavating and reclaiming, is difficult to determine. Immense quantities of street sweepings, redolent with all the odors of decomposition, of both animal and vegetable matters, are still used to fill in the low lands of our shore. Sunken lots, so made the receptacle of all that is offensive to the eye and nose, become foul fountains of disease and death; so that the wonder in some neighborhoods is, not that there so many sick, but that there are any well.

We have been mercifully spared from epidemics specially affecting the bowels. During the latter part of winter and throughout the spring, an unusual number of cases of *Pneumonia*, many of them of fatal tendency, developed.

The meetings of our District Medical Society have been for the most part interesting and well attended.

I append a few cases contributed by fellow members.

S. R. FORMAN, *Reporter.*

JERSEY CITY, May, 1872.

CASE.

VESICO-VAGINAL FISTULA. OPERATION.

BY DR. J. W. HUNT.

March 14, 1870.—I was consulted by Mrs. P., aged 21 years, for incontinence of urine.

Previous history. Her trouble dates from her confinement, previous to which her health had been uniformly good. She was taken in labor (first pregnancy) August 13, 1869. Attended by a midwife. The pains were regular but not violent, at intervals of from half an hour to an hour, and continued without cessation or apparent result, except exhaustion, until the 22d of August, when they became very violent and frequent. The midwife becoming alarmed, a physician was called in on the 23d, who delivered her with forceps *in four minutes* (the doctor's words) of a very large, still-born child.

Twenty-four hours after, there was great swelling and extreme tenderness of the vulva and vagina, and inability to void her urine. The bladder was evacuated by the catheter, leeches were applied to the vulva, followed by warm fomentations.

The following day still unable to pass her water, and again relieved by the catheter. She states that from that time until the present she has been unable to retain her urine, but has been kept constantly wet with its never-ceasing flow, and she has not passed a drop voluntarily since her confinement. For months she has been so excoriated by the napkins saturated with urine which she was obliged to wear, that she could hardly walk.

Present appearance of the patient, medium size, fair physical development, somewhat emaciated and anemia.

An examination revealed extensive excoriation of the proximal surfaces of the thighs, buttocks and integument surrounding the vulva. An attempt was made to pass a No. 6 bougie through the urethra, but encountered a firm, hard obstruction at the neck of the bladder.

The speculum revealed a vesico-vaginal fistula, its long diameter transverse to the vagina, entering the bladder at its junction with the neck; its edges thickened and corrugated, were covered with exuberant granulations; the opening sufficiently large to admit the little finger.

With some difficulty, I succeeded in passing a small pocket-case probe through the urethra and cicatrix at the neck of the bladder, and its point slightly curved readily presented in the vagina through the fistula.

Treatment. The exuberant granulations surrounding the fistula were cauterized; dilatation by the urethra commenced, and cerate simp. directed to be applied to the excoriated surfaces after sponging with weak solution of sodæ bi-carb., with the view to operate as soon as the patient is in proper condition.

May 19, 1870. The urethra being sufficiently dilated to admit a No. 12 bougie, with Drs. Chabert, Reeve, Morris and Vondy for assistants, I operated, using Bozeman's speculum. The edges of the fistula were refreshed by removing a complete circle of the hardened tissue surrounding the fistula; the edges were then brought together and held with Bozeman's button suture. No anæsthetic was administered to the patient, and but little pain complained of.

A No. 8 gum-elastic catheter was introduced into the bladder and retained in the usual way.

May 29. Patient doing well. An examination was made with the purpose of removing the sutures, but the apparent want of firmness in the union of the wound deterred me, and they were permitted to remain. The urine has been passed exclusively through the catheter, which is still used, but removed and cleansed twice every twenty-four hours.

June 9. The sutures were removed, and though there was perfect union except at one little point, which could be covered by the end of a probe, and no urine could be discovered escaping, I feared my operation was a failure. The catheter was removed and she was permitted to sit up.

June 20. She has had no trouble in retaining her water; passes it at will; can retain it all night.

August 3. Patient says she is well. I examined the cicatrix, and could find no fistulous opening.

January 25, 1872. The patient called upon me, and informed me that she expected to be again confined in February.

February 13. She was delivered of a fine boy, weighing nine pounds, after a natural labor of six hours' duration.

February 20. Had no trouble in retaining or passing her urine—doing well.

April 12. Called to see Mrs. P., and found her as she expressed it, "as well as ever."

CASE.

FROST BITE, WITH GANGRENE AND PYEMIA: DOUBLE AMPUTATION AND RECOVERY.

BY THOS. J. M'LOUGHLIN.

William Harrison, of Jersey City, aged 22 years, by occupation a carpenter, having some misunderstanding with his master mechanic, left his employment. Being advised by some friend that he could obtain work and do better in our Western country, he resolved to go thither at once, and left Jersey City for Michigan City on the 22d of February last.

While traveling westward, he stopped at Pittsburg, on Sunday the 25th, ate his dinner at 3½ o'clock, laid over there during Sunday night, and at 7½ o'clock on the following morning, set out for Jackson, Michigan. At a station between Cleveland and Toledo, on Monday the 26th, he had a lunch, which was all he ate since Sunday afternoon. Riding thence to Jackson, Michigan, on the night of the 26th, he laid down on some vacant seats, soon fell asleep, and did not awake till he was aroused half a mile beyond Jackson, whither the cars had gone to switch off for the night. The cars were then empty, the other passengers having got out at the station, and walking back, he arrived at Jackson at 12 P. M. He with twenty other passengers slept that night on the seats in the depot. On awaking next morning felt very hungry, and, wishing to have some breakfast, he searched for his money, but to his great agony found that it ha t been taken from his pocket. He believes it was stolen while sleeping in the cars between Jackson and Toledo. Without breakfasting, he took the cars for Michigan City, expecting assistance when there, where he arrived by the evening of the 27th of February. Saw the party he was directed to that evening, but, in that dull season, he could neither give nor obtain him work. Still fasting, he set out the same night at 11 o'clock, for Chicago, hoping to obtain work, which he reached by 5 o'clock on the morning of the 28th. Feeling hungry while walking the streets of Chicago, he chanced to put his hand in his pocket, and, to his great relief, found five cents. With this he bought four buns which he ate. He searched to procure work during all day of the 28th, but was unsuccessful. Failing, he thought if he could go to Fort Wayne, Indiana, where he had a friend, he might be more fortunate. In this strait he applied to a railroad conductor, stated his distress, that he was a railroad employee, had no money, and asked if he would be kind enough to take him there in the caboose attached to his freight train. The conductor replied he could not do so, as it was

strictly prohibited, but added if he could find a grain car bound east, he could get in one; that the doors were never locked, and that he could get in and out when he pleased. On searching around he found a car loaded more than half full with corn, and marked New York. Into this he climbed, lay down on the corn and fell asleep. In the course of the night (February 28th) the weather became very cold, and so continued for a few days.

During this period the thermometer fell, in Jersey City, to six degrees below zero, a difference in twenty-four hours of fifty degrees.

He awoke in the night feeling his feet very cold; took off his boots, and one of two overcoats which he wore, and wrapped it over his feet, and laid down to sleep again. On the following morning the cars left Chicago. During the day his feet felt very cold; noticed them swelled; took off his stockings, rubbed and slapped them, trying to get them warm. Toward the evening of the 29th, feeling very hungry, he tried to eat some corn and soon after fell asleep. When he awoke the cars were stopped, and seeing a man outside opposite to his car, he called to him to let him out. The latter asked where he wanted to go, and on his replying to Fort Wayne, said that he had passed it, and that he could not let him out because the car door was locked and sealed; adding, at the same time, what business had he to get in a sealed car, etc. Afterward he tried to make a noise and attract attention, but as no one approached he thought it was useless, and laid down to sleep again for the night. Next day (March 1st) he noticed his feet continued to swell, more—they had already ceased to pain him. On that day he made all the noise he was able at the stoppings, by shaking the door and calling out, but he either attracted no attention, or received some short answer, as the party could not open it. It was states-prison offence to break the seal—served him right—had no business to get in there, etc. Being now the fifth day since he had eaten his last meal, he felt himself growing very weak. He suffered dreadfully from thirst, but could satisfy his cravings only by scraping up the snow that blew in through the door-crack and swallowing it. He tried to eat some corn, but it was very hard, hurt his teeth and made him sick. The following day (March 2d) noticed his feet continued to swell and take on a dark, livid color. During that day, also, he made some noise, but no one came to offer any assistance. Slept the greater part of the day and night. The cars arrived in Pittsburg that night (Saturday, March 2d), and laid over there till Sunday night. Tried to get out during the day; called to a man who passed by his car, of whom he begged to let him out, for that he was frozen and had nothing to eat for six days. He replied that he could not, but that if he could outstand it he would reach New York the next night.

Believing that he could not get any aid till he reached Philadelphia, where he thought he might be identified, he concluded to make no more noise till he arrived there. The cars left Pittsburg on Sunday night, March the 3d. Meantime the feet continued to swell, and grow of a dark mottled color. He slept the greater part of the next two days, March the 4th and 5th. When not asleep he tried to occupy himself and so relieve his distressful condition of mind by throwing a key from one end of the car to the other, then groping for it till he found it. Or, tired of repeating this, he would lull himself to sleep by humming some stanzas of hymns or snatches of songs he used to know. In his sleep, he says, toward the last he had some most beautiful dreams and visions of the most beautiful images.

By the evening of Tuesday, March the 5th, the cars arrived in Philadelphia. At Mantua Junction, one mile outside the city, he summoned up his remaining energy, and commenced again to make all the noise he, in his present feeble state, could. He succeeded in attracting the attention of two men to whom he told his distress, that he was six days in the car without eating and drinking, that his feet and hands were frozen, and earnestly begged to be let out as he was dying. Pitying his distressful condition and dying accent, they quickly obtained a hammer and chisel, broke the lock and seal, and helped him out.

As he was put upon his feet his head became dizzy; the landscape was seen as through a maze, and objects appeared to swim round before him, while his ears rang with a singing noise. With assistance he walked, in his stocking feet, across rails and over broken stones, to a shanty at some distance. Here they laid him down in a warm room, moistened his lips with brandy, gradually gave him some food and drink, and rubbed his feet with coal oil, which they continued to do till morning. His thirst was excessive; he constantly called for water, from the moment he left the car, and drank, he says, a pail-full that was placed near him that night; would drink more, but was restrained. For nine days previously he had eaten nothing but the lunch and buns alluded to, as he could not the corn, it being hard, and having made him sick.

On Wednesday morning, March the 6th, he was put in the caboose of a freight train, and sent to his friends in Jersey City, where he arrived by 8½ o'clock P. M. Having been let out of the car he, with assistance, walked in stocking-feet to his home, a distance of three long squares.

I saw him at 8½ o'clock P. M. His appearance was striking and painfully impressive; the glaring hollow eyes, the sunken cheeks, the prominent cheek bones and chin, the angle of the mouth drawn down, the coal-dusted face

and disheveled hair, combined with a naturally long countenance, gave him a wild, weird expression, as if he had been disentombed. His feet were swelled to more than twice their natural size, the skin being of a dark, livid color, to a distance of three or four inches above the ancle, which part was stone cold to the hand, and completely insensible to impressions. As he had been in a warm room during the previous twenty-four hours, it was concluded to put him in a room of very moderate temperature. Having partaken of some food, his feet were washed for some time with cold water; afterward bathed with alcohol, followed by an application of camphor and turpentine liniments, and then wrapped in cotton wool. For the next few days an effort was made to bring on reaction slowly, making friction from time to time with the liniments above mentioned. By degrees the circulation returned to the stagnant capillaries, the weakened vessels became again pervious, and as the red ærated blood permeated their ramifications their contents were taken up by the vitalized blood, and the dark color of the feet was succeeded by a congested, glazed red color. With this engorgement of the capillaries the legs swelled, the distended vessels unable to contract on their contents caused an edematous condition of the whole leg, with the same glazed erysipelatous appearance. They were painted with the tincture of iodine and wrapped in cotton wool and oil silk. He partook very well of nourishment at this time, which was given in gradually increasing quantities, and consisted of ordinary diet, with milk, eggs and beef tea. On the the third day he had a sharp attack of colic during the night, and his bowels were opened several times, causing him considerable suffering. From these he was relieved by the exhibition of camphor and opium. The reaction continuing, the weakened, congested vessels relieved themselves by the excretion of the serous part of the blood into the cellular tissues and under the cuticle. In the course of the fourth day vesicles began to form in some of the parts where the circulation had returned. By the sixth day it had returned feebly as far as the toes. The toes did not wholly recover their circulation, only a few small spots of a dusky red appearance could be seen on them, showing the feeble effort made to recover their vitality. Blisters formed on the whole of the right foot, which appeared to have suffered most. The left presented the same erysipelatous glazed red color, but only a few blisters. Their size varied from that of a cent to that of the palm of the hand. The surface of these blisters was of a deep, purple color. There was an entire absence of painful sensations, as tingling, itching, aching, etc., accompanying this process of reaction. The part that underwent those changes recovered their natural

temperature, but the toes either remained cold and discolored, or but imperfectly recovered from these states. While the parts above them were swelled, engorged with blood, with tissues infiltrated and of a deep red, erysipelatous glazed color, and covered with blisters, they remained dark, cold and shriveled, except at a few points. The sole of the right foot, under the heel and ball of the foot, showed less vitality than the other parts; the blisters formed at these points were larger and more purple than those on other parts, and soon developed into gangrenous ulcers, with a foul, gray surface, constantly extending. I believe this to be due to the fact that those parts were bruised while walking barefooted over hard surfaces and broken stones. The blisters were opened and painted with the tincture of iodine, which with the liniments formed the dressing at this period.

As his capacity for digestion improved, he received an abundance of beef tea, milk, eggs, oysters, and meat when he desired to use it. Under this regimen he acquired flesh, and was in very good spirits—hoped he would only lose a few toes, if he lost any part. At the same time his pulse acquired strength and volume, ranging between seventy-five and eighty-five, and he had but very little fever. About the seventh day the reaction seemed to have lost some of its force; the circulation became slower, and stagnation took place in the toes, which with the ulcers in their vicinity assumed a gray, lifeless appearance. They were dressed with a solution of the chloride of lime, and nitrate of silver applied to the ulcers above that part. On the same day he was put on a solution of carbonate of ammonia and chlorate of potash in tincture of bark, with a decoction of bark, every four hours; besides stimulants, first brandy and after porter. Next day they showed more evident signs of gangrene; the ulcers became of a foul gray color, and the toe shriveled. The patient now began to despond at the thought of losing his toes, and Dr. Varick was called in consultation.

He approved of the constitutional treatment, and advised locally, Nelaton's solution of Venetian turpentine as a dressing, with tincture of iodine, and keeping the leg wrapped in cotton and oil silk. He thought he must lose part of the feet, at least, and advised support and waiting until the line of demarcation had formed. This treatment was punctually carried out during the subsequent fortnight. For some time after his pulse and general condition continued good; he took his nourishment with relish, and his medicines regularly. After some days, however (about eight), the ulcers began to extend more rapidly, and to discharge very freely. The discharge was of a foul, gray, shreddy character. The line of separation steadily advanced; the foot being unable to set up any limiting boundary, or make

any reparative effort. It was not a clear, well-marked line extending through the feet; the surface only sloughed, while the tissues beneath were feeble and unable to resist the advancing ulcerative action.

During the third week his bowels began to be open again, and were with difficulty controlled, thus reducing him considerably. They were, after the failure of several remedies, controlled by the tincture of the chloride of iron, which was thenceforward used as a tonic.

In the beginning of the fourth week the sloughing process began to extend in every direction, eating up the integument, and advancing up the feet toward the ankle joints, which, we thought before, would not be lost. The patient again began to grow uneasy, as he knew he must lose more of the feet, and thought if the ulcers could be prevented from advancing, a reparative process might be set up, as the flesh beneath looked red, and to him appeared sufficiently healthy.

Under these circumstances I concluded to apply the acid nitrate of mercury, so highly recommended in gangrene, and see what might be gained by its use. This was applied every other day to the ulcers, which were in the meantime dressed with Nelaton's solution, or a solution of the chloride of lime on lint, and tincture of iodine to the parts above. The ulcers when dressed with the nitrate of mercury ceased to discharge, and for a few days there was an apparent improvement. But instead of granulations and cicatrization forming under the part touched, ulcerative action appeared beneath it, and the tissue was cast off layer after layer, revealing a gray, sloughy surface. This was repeated till near the end of the fourth week, when the stomach became irritable and refused to tolerate all liquids. I then gave him ice, which he relished very much, and solid food. At the same time the carbonate of ammonia and bark were changed for quinine and the bisulphites, in addition to the tincture of iron he was already using. Within twenty-four hours after this state of the system had begun, the sloughy condition was much increased; the feet presented one foul, gray slough externally; and in thirty-six hours the line of demarkation advanced three or four inches. He had at the same time slight shiverings once or twice a day. His friends now became satisfied that his feet could not be saved, and I suggested amputation as the only chance of saving his life. He readily consented, and after became anxious to have them off, as he was given to understand that they were the cause of his severe sufferings, and the inevitable result if the operation was delayed. Dr. Vauch, who was first associated with me in the case being unable to attend, Dr. Watson saw the case with me, as did

also Dr. Wolfe, both of whom were of opinion that amputation was his only chance. As the case did not admit of delay, the operation was performed by Dr. Watson, assisted by myself, that afternoon, April the 3d. Both the legs were removed in the middle third of the leg. In this we were kindly assisted by Drs. Miller, McGill and Wolfe.

The operation performed was the lateral flap operation, both of the legs being amputated at the same time. He was kept under the influence of ether one hour and a half. He rallied from the shock very slowly, although he received stimulants in considerable amount. In the course of the night some improvement became manifest in his general condition; the irritability of the stomach and other symptoms of pyemia ceased, and he was thenceforward able to retain some nourishment. But he continued very restless, and was unable to sleep, though he received large doses of morphine and afterward chloral. During the second, but especially the third day, he had much delirium, was constantly tossing his arms about, elevating the stumps, and if left alone swinging them in the air as fast as he could. On unbandaging the stumps the third day, we were surprised to have obtained union by first intention throughout, and we found it necessary to separate the edges of the wounds in the dependent parts to allow drainage. They were then dressed with a weak solution of carbolic acid. By the fourth day he became calm and gradually took nourishment; his pulse ranged at the same time between ninety-five and one hundred and ten per minute. On the fifth day the left leg was threatened with erysipelatous inflammation; it became swelled and ademato us. The pulse at the same time advanced to one hundred and twenty per minute.

The case was watched by myself and Dr. Watson, who was associated with me in its charge since the operation, with great anxiety. From his very weak condition the result looked very doubtful. The leg was painted with tincture of iodine in the beginning;—it continued to swell, and after two days was almost twice as large as the other. After painting it with iodine we wrapped it in cotton wool and oil silk. During the night it perspired freely. About the fifth day the stumps were dressed with the Balsam of Peru, and the wounds now began to discharge a thin purulent secretion. This, together with the sweating, reduced the leg considerably. The swelling gradually subsided, but not wholly in the entire progress of the case; and the condition of the discharge improved till a healthy granulating surface was left discharging laudable pus.

From this time forward he had no serious retardment, but an abscess formed in the popliteal space of the same leg, which caused him considerable

suffering. It was opened and a pint of pus evacuated from it. After the abscess went down, he made rapid progress.

He is now—May the 10th—doing well, and the stumps are nearly all healed.

Before concluding, I desire to note a few interesting features in this case, connected with the amputation, and deserving observation as to the course pursued. First, it will be noticed that the course pursued differs from the ordinary line of surgical procedure in cases of gangrene. The rule laid down by surgical writers to guide in such cases, and that carried out in practice is, that before operating a distinct line of demarcation should have formed. In this case no well-marked line was formed; and it was the opinion of several physicians who saw him, that if the feet were not soon removed, the increasing pyemia would destroy him. We have by this means been fortunate enough to have saved a life.

The second feature noticeable is, that, although pyemia was developed, and the result looked very discouraging, surgeons being usually very unwilling to operate under such circumstances, the performance of the operation suspended the pyemic symptoms, and the result proved highly gratifying. The result in such cases, as reported by surgical writers, is not at all encouraging.

Cases by F. F. Morris, Jersey City.

Dec. 8, 1871. Being in attendance upon Mrs. F., she requested me to see her daughter, who, she said, was very much out of health, lower extremities very much swollen, headache, and soon becoming fatigued when any household duties were imposed upon her. She looked anæmic; her face was somewhat puffy; limbs œdematous. Requested her urine for examination, which, when nitric acid and heat were applied, almost became solid. At my next visit gave her pulv. jalap comp. in drachm doses, repeated every three hours, until she had large watery stools, and as the nephritis was of some days' standing, all acute symptoms having subsided, directed also acetas potass., in 20 gr. doses every three hours. At this visit one other child was presented to me, vomiting, rapid pulse, great heat of skin, with sore throat—and at once recognized that I had scarlatina to deal with, and then confidently believed that the nephritis in the first was due to this as a cause, and my prognosis was favorable. Two more of the children, the following two days, were stricken down with the disease, and then a fifth. Three of

the children succumbed to the dreadful poison. But as my intention is to relate the history of the first case, I return to that. Her urine was tested from time to time, and always with about the same result. At one of my visits her mother said, that she thought her *stomach* (using her own expression) was becoming very large, and I therefore proceeded to make an examination, and was much surprised to find not only water, but an impregnated uterus. My patient was sixteen years old—five months pregnant, which she admitted when informed that I so expressed myself. Now felt that her condition was very precarious, and was a little at loss to know what next to do. Was inclined to induce labor, and consulted some of my medical friends, whose experience in such cases had been larger, and was advised not to interfere, but carefully watch my patient; stimulate the excretory organs to the full discharge of their duty; give vegetable acid to counteract non-elimination of urea by kidneys; regulate diet—and hope for the best. I continued to do this up to January 24th, 1872, when I was summoned to the bedside of the—now Mrs. ——, and found her in the throes of labor, os fairly dilated, dilatable, and every thing seemingly to promise speedy and safe delivery, without any untoward circumstance to endanger her life; but my hopes were soon dissipated. Some strange ejaculations were uttered, and soon she was writhing in a terrible convulsion. Sent immediately for forceps and ether, and, as soon as messenger returned, delivered, not using ether as the coma was so profound as to render it unnecessary. Child was born alive and survived for a number of hours. If my recollection serves me aright, she laid for half an hour after delivery in a stupor, when she was again seized with spasm, which continued at intervals for about 48 hours. During this time she had steam baths, active cathartics and bromide potass. The second day after delivery, at my morning visit, considered her condition hopeless; cyanosed, pulse very rapid and feeble, complete stupor. Left the house, expecting at the next visit to find her dead. On the way from the house met my neighbor and friend, Dr. Hunt, who, by the way, had seen her with me on the day previous, and as we chatted together, informed him of the condition of my patient. He suggested to tap her; and, as I had already made some suggestions in that direction to her friends, felt confident that they would permit me to do whatever was, by us, thought best. We, therefore, procured a trochar, and returned, and drew from the abdominal cavity a large pail full of water (three or four gallons). Patient wholly unconscious to all that was being done. Respiratory organs were relieved from pressure, and the cyanozed condition gradually disappeared. She remained for a number of days in a semi-conscious condition. Nourished her as best

we could. Attended to relief of bladder twice a day; insured evacuation from bowels by injections; at intervals subjected her to a steam bath; administered but little medicine—bromide or iodide potass. being used with some irregularity on account of the difficulty of inducing her to swallow any thing—and she gradually recovered, and was discharged February 12th. At that time there was no trace of albumen in urine, and at this writing is in perfect health.

Have had under my care during the winter months a large number of cases of scarlet fever, severe in type, and a great proportion of the cases have been followed with desquamative nephritis. But I do not now recall one death from this sequela.

Have also had a number of cases of cerebro-spinal meningitis, both in hospital and private practice. At this time (being on duty at St. Francis' Hospital) two cases are under my care, to neither of which has much medicine been given. Warm applications have been applied to spine with marked satisfaction and comfort to the patient; counter irritation over spinal column with Oil Terebinth., and in one case Emp. Vesi. applied for three hours, followed with warm poultices; bromide potass. to induce sleep; milk and beef essence *ad libitum*, and both cases are looking favorable at this time.

Rubeola and variola are epidemics with us.

In hospital, a large number of cases are suffering from inflammatory rheumatism. Malarial and typhoid fevers, or shall I say, malarial *with* typhoid symptoms, are also presenting themselves to our notice. And what next we may expect, after the hard and laborious work of the winter months, I leave to conjecture.

Before closing will, from memory, relate a case which may be of some interest to our medical brethren. Mrs. J. H., about Christmas, sent for me to see her in reference to an ulcer over instep, the origin of which was, for a number of months she had been suffering from what is termed erythema nodosum. One of these protuberances, or nodes, made its appearance at this locality; was chafed and irritated, and when seen by me was in a sloughing condition; whole foot swollen; all around and about ankle inflamed; suffering but very little pain. Directed perfect rest, warm poultices, constitutional treatment, tonics and alteratives. Under this treatment, during the coming week all redness disappeared, slough was thrown off, and on New Year's day, by my permission, was allowed to go in a carriage to her brother's to dine. Soon after I was sent for, and found her complaining of some stiff-

ness about the jaw. She was somewhat apprehensive of tetanus. Ulcer was looking healthy, and rapidly by granulation filling up. To all my questions her response was, that she felt first-rate. She was placed upon anodynes; but during the next forty-eight hours or thereabouts, her jaw became more firmly set, and my friend Dr. D. L. Reeve saw her with me. Anodynes were continued; bromide potass. in large doses was tried. Tinc. Cannabis Indicus in half drachm doses, repeated every two hours; chloroform administered would relax spasm; aqua ammon. friction was applied to whole length of spinal column—but she continued to go from bad to worse. Opisthotony was marked after the first three days, and continued to increase till exhausted by spasms, she died, fully conscious to the last moment.

Report from Charity Hospital.

BY DR. J. W. HUNT.

By the new city charter, the control of the Jersey City Charity Hospital was taken from the Board of Councilmen and placed in the hands of the Board of Police Commissioners, in May, 1871. The institution has, however, in no manner suffered by the change, as will be seen by the following statistics, taken from the hospital records.

There were admitted during the year, from May 1, 1871, to May 1, 1872, 897 patients; of whom 723 were discharged, in good health; 118 died, and there were under treatment in the wards, May 1, 1872, 56 patients.

Of these 161 were admitted with small-pox; 90 recovered and were discharged; 51 died, and 20 were still under treatment.

During the year, 22 amputations were performed, and also operations for caries of tibia, of metatarsal bones, for removal of epithelioma (involving almost the whole of lower lip), for facial neuralgia, and for strabismus.

There were treated 40 cases of fracture, and 6 dislocations

In the Dispensary, 2,793 patients were prescribed for.

HUNTERDON COUNTY.

Chairman of Standing Committee, &c.:

During the past year, throughout this county, diseases have assumed a mild form. Epidemics have prevailed in almost all parts, but they have generally been amenable to treatment; and in many cases have hardly required the aid of a physician. My communications with physicians in various parts of the county lead me to believe that rheumatism has been much less met with the last two years than usual; but tuberculosis seems to be steadily on the increase. This ailment in this locality is assuming fearful proportions. Erroneous notions in regard to dress and diet seems to be the causes that lead to the disease in very many cases; but not a few that we meet with are of hereditary orgin.

Zymotic diseases generally have been mild, and have, as a rule, run their several courses rapidly—requiring very little medication.

In the southern part of the county, during the latter part of spring and the whole of summer, an epidemic of typhoid fever prevailed. The number attacked with the ailment was large; but from it there occurred very few deaths. Dr. A. Armitage, of Woodsville, to whose charge a large number of this class of patients fell, tells me that he observed nothing peculiar in this epidemic, and the remedies that he relied on were those commonly recommended in this disease. In my own practice, the most remarkable features were the mildness of the type, and rapidity of its course. The remedies consisted of anodynes and phosphoric acid.

We have been almost entirely free from colitis in this section, but along the Delaware, in the vicinity of Frenchtown, this disease made its visitation, rather earlier in the season than usual, and assumed rather a grave form.

At Lambertville *Scarlatina* has prevailed since early in January. It assumes the anginose form, and is generally amenable to treatment. Drs. Larison and Studdford, to whose charges have fallen over three hundred patients, state that the majority of cases have occurred in the upper part of the city, in a region where the people generally use *cistern water*, and seemed inclined to believe that the use of such water has much to do with the disease

In my own practice this ailment was first noticed in February, and has since been gradually on the increase. In all the cases the patients suffer from sore throat, and, in by far the majority, this is the chief difficulty. In the treatment, the ordinary line laid out for this disease has seemed sufficient.

Dr. A. S. Pittenger, of Clover Hill, states that in his practice, scarlatina did not make its appearance until in March, and it seems that having Lambertville in the south-western part of the county as the starting-point, it has slowly traveled eastward through the red shale valley until it has now reached the Somerset line. At Lambertville, whose altitude is much below the rest of this valley, and whose drainage is the Delaware river, the ailment has not only afflicted a greater number of individuals in proportion to the population, but it has been much severer, and the cases have been a longer time in running their course.

Nothing unfavorable has been reported in the sequelæ of the patients in this epidemic.

Pertussis has continued among us since last year, but the attacks have been very mild.

Measles made its appearance early in the winter, but was mild, and ran its course rapidly.

In the vicinity of Lambertville there have also occurred a few cases of mumps, also a few cases of varicella.

Small-pox, too, has visited the above-named village; out of *ten* cases, one died.

During the month of March an epidemic of Influenza prevailed in this locality, which was very sweeping in its attacks, hardly a family escaping its influences, and oftentimes every member of the family would be compelled to house up for a few days. The prominent symptoms of the ailment were intense pain in the head, stupidity and fever, for the first thirty-six hours, after which diaphorisis and a general flow of the secretions from the mucus membrane of the air passages. Several of the patients became insensible within a few hours from the time of the first manifestations of the disease.

The course of treatment consisted in counter-irritations, cold applications to the head, free ventilation, saline cathartics and the following:

℞

Pulv. potassæ Nitrat, ʒii.
Pulv. opii, gr. xiv.
Pulv. sanguinariœ, gr. xiv.
M. et in chart. No. xiv div.
S. One powder every three hours.

There were no deaths from this disease, but in some cases convalescence was slow, and the patients required for a long time tonics and stimulants.

Cundurango, in the treatment of cancer, did not meet my wishes. I witnessed the use of this so-called medicine in a case of schirrhus. The article was taken for a long time. The effects upon the system seemed to be anodyne, diuretic, slightly diaphoretic, slightly contracted the pupils, and produced constipation. It seemed to me to act very much like a combination of opium and chimaphila.

I could see no advantage from the use of the drug—the

cancerous deposit continuing to form as rapidly during its use as prior to it or subsequent to it. After a three months' trial it was abandoned, and the patient put upon a general course of tonics.

C. W. LARISON, *Reporter.*

RINGOES, May 1, 1872.

MERCER COUNTY.

Chairman of Standing Committee, &c.:

The health of this county during the past year has not been as good as the previous one. Especially has this been true of the city of Trenton.

In the month of July our city was invaded by an alarming epidemic of *Small-pox.* It first made its appearance in the central part of the city, in the most thickly populated portion and among the better class of citizens. But how it came, or by whom it was brought here, is a mystery which has not been satisfactorily solved. It seemed for a time to be confined within a narrow circle of the business portion of the community; but notwithstanding every precautionary measure was immediately taken by the Board of Health and the Common Council to prevent the spread of the disease, it gradually spread until isolated cases were found in almost every part of the city.

Immediately upon the invasion of the disease, many of our citizens who from carelessness or from other causes, had never been vaccinated, were now anxious to have it done, and as the number was found to be so large, and the necessity for speedy action so great, two physicians for each ward were appointed by Common Council to vaccinate those who could not or would not pay for having it done, thus affording them a sure and perfect protection from this most loathsome disease.

Hundreds availed themselves of the privilege afforded them by the authorities of the city, who would not have been vaccinated had not this provision been made for them. This timely vaccination of so many who were unprotected, together with the pretty general revaccination of the citizens, soon arrested the progress of the disease.

The disease was of a very severe type, and the number of deaths in proportion to the number of cases quite large, being about one to six.

Measles have been very prevalent during the winter and spring, especially in the southern part of the city; but they have been of a very mild type, requiring little or no treatment.

Whooping-cough has prevailed during the whole of the year to a considerable extent, and a number of deaths have occurred from it in consequence of its becoming complicated with bronchitis or pneumonia.

During the months of January, February and March, *Catarrhs*, *Bronchitis* and *Pneumonia* were much more prevalent than usual.

We have had a good deal of *Intermittent* and *Remittent Fevers*, but very few cases of Typhoid fever. There have been a few cases of Scarlatina and Diphtheria.

Dr. Deshler informs me that *Scarlatina* and Measles prevailed at Hightstown and vicinity, but of a mild type.

About the first of February, *Spotted Fever* or *Cerebro-spinal meningitis* made its appearance in *Trenton*. There seem to be three grades of the disease, the mild, severe and malignant forms. We have had all three of the forms; most of the cases, however, have been of the mild form, and very amenable to treatment—generally getting well in about ten days or two weeks; while many of the severe cases, after the marked symptoms of the disease disappear, sink into a low typhoid

condition, and run a course varying from four to twelve weeks. Dr. Elmer and I have each a case of this variety under treatment at the present time. Dr. Elmer's case is an exceedingly interesting one, and I hope he will at some future time give a full and complete history, as well as treatment of the case, to the profession. The malignant form is almost invariably fatal, generally carrying off its victims in from six to twenty-four hours.

In the treatment of this disease, opium in some form and in doses sufficiently large to quiet the patient and produce sleep, is absolutely necessary.

The following interesting case is reported by Dr. Waldburg Coleman.

C. SHEPHERD, *Reporter.*

TRENTON, May 12, 1872.

UNUSUAL RECOVERY FROM FRACTURED LEGS, SACRAL CONTUSION AND SLOUGH.

BY WALDBURG H. COLEMAN, TRENTON.

William Whitehead, aged ——, a laborer employed by the Camden and Amboy Railroad Company, was injured near Trenton, September 16, 1871, by the sliding of a bank of earth. He was working in a deep excavation where they were sinking the railroad track, when the earth, on the side he was standing, loosened by a rain on the night before, suddenly gave way and came sliding down. It carried him along with it, forcing his feet under the rails. The weight of the mass upon his body bent him over, causing a fracture of both legs, about midway, and almost completely burying his whole body.

The workmen who were present at that time, went at once to his assistance and quickly extricated him, but unfortunately in so doing, one of them hit him a severe blow with a shovel on the back, over the sacrum.

On first seeing him, I found both legs badly fractured. The right twisted completely around, so that the toes pointed backward.

The left suffered a compound fracture, and considerable blood oozed from the wound.

When the bones were restored to a natural position, the circulation was active enough to give good hopes of saving both. The legs were placed in pasteboard splints, and made as comfortable as possible by constant attention. He did not, at that time, complain of any other wound, except some slight bruises here and there upon his body.

For a few days afterward every symptom was apparently favorable; the bowels moved slightly at times, and the legs were doing well. On the sixth day he became feverish, and had great pain in the back, besides, said he was passing blood from his bowels. I had him at once raised by three assistants to examine, and found that there was a great slough going on over the lower portion of the sacrum, where he had been hit with the shovel. The skin, cellular tissue and muscles were all involved—the levator ani muscle so interfered with as to be devoid of action, and as a result the lower part of the rectum was filled with fœcal matter. I removed with a scoop all that could be reached; dressed the wound with Tagg's salve and lint, and had his hips supported on a ring of padding, so as to remove all pressure from the back.

His condition at this time was so desperate that I despaired of any recovery. Dr. James B. Coleman, who also saw him in consultation, agreed with me as to the probable fatal result.

Matters remained in this state for three weeks, the slough enlarging, exposing the sacral bones, and the whole anatomy of the part. Every day the bowels were emptied with the scoop, and the back dressed thoroughly, although with great difficulty. At the end of the fourth week there was a change for the better, and there was some little hope. As he had to be handled so carefully and frequently, requiring three men each time to lift him while the fourth dressed the wound, it was found that the pasteboard splints would not retain the legs firm enough to prevent the fractured ends moving upon each other. I therefore had them bandaged in muslin dipped in plaster-of-Paris liquid, additionally supported by strips of pasteboard also dipped in the liquid, placed in front, back and on the sides. This dressing extended quite a distance up the thigh, so as to make both leg and thigh move as one when lifted, and thus keep the knee perfectly stiff. The left leg case had a vent in the centre, so as to allow any discharge to come freely from the part beneath.

The slough had now reached its limit, and granulations were springing up at all points. Carbolic acid dressings were used, and the health supported by the usual tonics.

At the end of the second month the back was healing rapidly, the scoop

was dispensed with, and the bowels acted naturally. The splints were taken off at the end of the tenth week, when the bones were pretty firmly united, but the muscles of the legs were so much atrophied as to lead to a doubt of their future usefulness. At the last of the third month he could sit with his feet on the floor for a few minutes, but not longer, as the œdema became so great as to interfere with the circulation. This soon improved so as to enable him to sit up half the day. When he began his first attempt at walking, after a week's trial, he could by a chair, stick and some little assistance manage to shuffle along, dragging one foot after the other, a distance of three yards, when he would become perfectly exhausted by the effort. This distance daily increased; he could soon walk across his room, with nothing more than a stick for support.

On the eighth of April I called to see him. He had gone to the polls to vote, a distance of half a mile from his home, his only support being a cane.

I have since seen him; the wound on the back has healed perfectly, and leaves a cicatrix of more than three square inches, and of irregular shape.

There is some œdema of the feet, and a small ulcer of the left heel, which in all probability will disappear in a few weeks. He has the employment of flagman for the Pennsylvania Railroad Company, near Trenton.

MIDDLESEX COUNTY.

Chairman of the Standing Committee, &c.:

The unusual amount of sickness which has prevailed within the bounds of Middlesex, compels the reporter to depart from the usual comment on the salubrity of our locality. During the early part of the year 1871, *Rheumatic complaints* prevailed, also a gradually increasing tendency to malarial diseases. The exanthemata have not been very prevalent or very severe. During the summer, the ordinary diseases, incident to elevated temperature, were less violent and less abundant than usual. During the month of August, *Malarial influences* were more pronounced, a number of cases of Intermittent developing in localities where it was comparatively unknown. This may be explained by the fact, that

in the city of New Brunswick (the locality above referred to), sewerage has been in progress, and large quantities of new earth exposed to the atmospheric influence, thus developing malarial disease. *Croup* prevailed to a limited extent during the fall. *Bronchitis* became very prevalent during the same period; occasionally we met a case of *Pneumonia.* No marked Diphtheritic tendency has existed during the year, although occasional cases are met with. The unusually protracted winter has told severely on the constitutions of all who were predisposed, by inheritance or otherwise, to pulmonary ailments. *Bronchitis has abounded.* Anginose affections *have been severe. Rheumatism has been persistent, and mortality unusual.* During the spring of 1872 the sickness continues unabated. *Small-pox* is found, but not in large degree; still a decided tendency to the spread of the disease is manifest. This is especially noticed in the ready response of the revaccinated to the vaccine disease. During the present month, some marked cases of *Cerebro-Spinal Meningitis* have been observed. *Measles* has invaded our locality, but is mild and manageable. Herewith is transmitted a case of inversion of the uterus, by Dr. Treganowan, also a case of small-pox in utero, by Dr. Baldwin.

HENRY R. BALDWIN, *Reporter.*

NEW BRUNSWICK, May, 1872.

CASE OF SMALL-POX IN UTERO.

BY DR. BALDWIN.

Was called on March 9th, 1872, to see S——, aged 22, of healthy antecedents, with symptoms premonitory of small-pox. Patient was vaccinated in infancy, which was said to have taken well. The case developed into a bad case of confluent small-pox, which terminated fatally on the 20th inst. As soon as the nature of the disease was known, or about the 11th inst., the whole family were revaccinated. The sister of the before mentioned (then

about five months pregnant) took well. On the 25th of March she was seized with severe lumbar pains, and a small number of pustules, not exceeding a dozen in all, made their appearance upon the body. She was not, however, confined to her bed at all. On the 16th of April she was taken in labor, and after a brief period gave birth to a dead fœtus, which was flabby and shrunken in appearance. There were no pustules upon this child. In about fifteen minutes afterward, a second bag of waters presented, which was ruptured, and a second fœtus expelled. This fœtus was covered with a large number of small-pox pustules, fully maturated; they existed upon the head and covered the body, and were discrete in their character. The body was plump, swollen and intensely red. There were separate placentas. It was evident from the condition of the scalp, cranial bones and decomposition which was generally present, that the child first born had died first. It was apparent that both had been dead for several days. The mother made a good recovery.

Communication by Dr. Treganowan.

During the past year there have been no diseases prevailing in this town or vicinity, of an especial or unusual nature, excepting the very large amount of miasmatic disorders, of periodic type, which prevailed during the summer, and, strange to say, the entire winter period. Indeed, I never saw those diseases so little affected by the frost as this winter. We have extensive "salt marshes" in this vicinity, and I never knew them to give out such strong evidences of, in walking over them, sulphuretted hydrogen gas, as last summer and fall. In some instances a jet of gas would burst up so forcibly as to almost take my breath. One afternoon in about the middle of October, I think it was, I went on one of those marshes for the purpose of "detecting" some of the evil influences that might be hovering around and over them. My object was food for the microscope. I went down and set my trap thus: A large glass-stopped jar was filled with broken ice, and the external surface cleaned with scrupulous care, and set in a glazed earthenware receiver or dish, also as clean as I could make it. This apparatus was set at 5 o'clock, P. M., and allowed to remain about two hours, when there was *condensed* from the surface of the bottle or jar and caught in the receiver below, about a teaspoonful of fluid, this fluid was then placed in a small glass-stopped bottle that had been prepared for the purpose, and there can be no doubt

about its being free from any and all extraneous matter. I now started for home, about a mile distant, had my tea immediately upon reaching home, and right away thereafter began with the microscope to examine the fluid between "thin glass" with ¼ inch object glass. The fluid in the bottle was at this time free from any *apparent* matter, but inside the microscope it presented ever-changing and fraternizing crystals until little irregular heaps would be found, having no other shape than that of a pile of stones we see by the road-side. Upon taking out another specimen from the bottle for examination, I was surprised to find a decided precipitation of a yellowish substance, and sandy to the touch, in the bottom of the bottle. As such a change had been worked in so short a time, I now decided to allow the fluid one hour to tell its own story, at the end of which time there were formed about 15 globules, varying from the size of a small pin-head down, of beautiful specimens of sulphuret of iron. I have nothing to present except to connect the presence of sulphuret of iron with the characteristic odors of such marshes.

During the winter months of January and February, there prevailed epidemic influenza, generally ushered in by a rigor as distinct and characteristic as a malarial quotidian chill. At present (March), Parotitis and Pertussis are prevailing.

Case of Procidentia Uteri,

Resulting in the Death of the Patient.

I do not mention this so much for its extreme rarity, but as a precautionary case against the unskillful interference of the physician or midwife in certain conditions pertaining to the process of delivering the placenta, after the very rapid delivery of the child.

On the afternoon of Tuesday, November 30, 1871, I was urgently requested to see Mrs. C., twenty years of age, of well-developed physique, said to be suffering in difficult labor with her first child. On my arrival I was informed that the child had been born nearly two hours before, the labor being a very rapid one, but that the placenta was retained, and "the string had gone up." Glancing at the patient I was surprised to see her blanched to a death-like pallor, pulseless, and apparently breathless, but closer inspection proved her breathing. Throwing back the heavy coverings that were over her, I found every thing completely saturated with blood, from the top to the bottom of the bed, running through a thick feather-bed and collected in pools on the floor

beneath. A very large funis was lying outside, torn from the placenta with pieces of it attached. Instant interference was the indication, although she was not flooding at this moment—indeed, she was well-nigh bloodless. Introducing my hand, I encountered a placental presentation just engaging the inferior strait, and tracing it up to get above it that the one manipulation should be sufficient to break down any adhesions that might exist, I was surprised to find no resistence from or the presence of anything like the uterus, but rather an indefinable dome-like cavity, with the placenta nearly surrounding and attached to a large pedicle pendant from the fundus of the cavity, and movable in any direction. I decided to withdraw my hand, in order to give myself a minute's review of the situation, for I confess myself to have been utterly confounded. In withdrawing my hand, however, over the back or sacral face of this presenting mass, it passed over a portion that was evidently not placental. The pressure of the hand being partly the cause of the terrible tenesmus she was then suffering from, I did not stop long to explore it. My first impression was that it must be a uterine fibrous tumor that had been encompassed within the adhesions of the placenta during gestation, and that they were both descending together. But then, where and what of the uterus? As soon as practicable, was given ½ oz. of the fluid extract of ergot, in a little spirits and water, and everything made ready for the ligation and extrication of the mass, should it prove to be an extraneous uterine growth. Examining again, the tumor was found pressing hard upon the perineum, at the same time the poor woman seemed to throw her little remaining vitality into one constant and persistent tenesmus. Introducing a couple of fingers, and making the slightest traction, the whole mass was thrown violently without the vulva and low between the thighs.

My analysis of the protrusion was now plain as to its composition and condition. The uterus was completely inverted and pretty well contracted, the placenta firmly adherent and so drawn around it as to almost completely encase it, with the funis torn out as before mentioned, presenting a large, torn and ragged bleeding surface to the extent of at least four inches in circumference. Seeing the inevitable consequences of the case depicted in the patient's countenance, and being rather undecided in my course of action, I with some difficulty returned the mass entire to the pelvic cavity, feeling that she had not an ounce more of blood to lose, and that the proposed operation of peeling off the placenta and reducing the inversion would necessitate the loss of some blood, independent of the shock in such a procedure. Returning the mass, however, was intended to be but for a little

while, until the woman rallied somewhat, if possible—but I am persuaded that I should not again reduce a similar condition of parts to the pelvic cavity, under any circumstances, without first freeing the placenta and restoring the uterus to its proper condition and position.

The patient soon after this was evidently in articulo mortis, and she rapidly sank, dying about twenty-four hours after delivery.

In this case we do not esteem the procidentia as the cause of death, but rather the hemorrhage.

The lesson to be learned from this case is plain and important. It is a well-acknowledged fact among surgeon accouchers, that the too sudden expulsion of the fœtal mass at first term from the uterus deprives that organ of its ability to immediate contraction, and as a rule, in surgical parlance, it is "shocked," and remains for a longer or shorter time powerless and relaxed. In this case we have no doubt powerful traction was made upon the cord whilst the uterus was in this condition of positive "shock," or *inertie de la matrice*, consequent upon a too rapid delivery.

Upon the occurrence of such cases in practice, the indication and its prompt fulfilment is unquestionably to free the uterus from the placenta and reduce the inversion.

MONMOUTH COUNTY.

Chairman of Standing Committee, &c.

The early months of the past year were marked by a less amount of sickness than usual, this being especially true of the three summer months, which presented but few of the diseases incident to the season. Dr. Long, of Englishtown, informs me that he saw only four cases of cholera infantum during the summer, and in our vicinity there were but few cases and those of a mild type, yielding readily to simple means of treatment.

During September and October, the usual amount of Typhoid fever prevailed in our neighborhood, but there were a less number of severe cases than during the preceding

autumn. Dr. Long reports that it prevailed in his practice in a malignant form.

January, February and March were marked by more than the usual amount of sickness, *pulmonary* diseases being the most numerous. In some sections of the county, diphtheritic sore-throat, rubeola and whooping-cough prevailed epidemically. Dr. Cook, of Holmdel, reports an epidemic which presented all the symptoms of scarlet fever except the eruption, followed in many instances by the sequelæ of scarlatina. In treating the sore-throat accompanying this disease he found carbolic acid useful as a topical application, and also in two cases of diphtheria he was particularly gratified in its use. He also speaks very highly of glycerine and whiskey as an expectorant and stimulant combined in this affection.

Dr. Vought, of Freehold, in a severe case of diphtheritic croup, derived great benefit from frequent inhalations of vapor arising from lime, the patient being enveloped in a sheet and the lime slaked in a vessel placed underneath.

Dr. Vought also reports a case of *diabetes mellitus* of several months duration, which has been greatly benefited by confining the patient's diet to *skimmed-milk*, meat and bran-bread. The patient derived immediate benefit from this treatment, and though only under treatment for three weeks, he now passes less than one-third the quantity of urine he did previous to this treatment, and is improving in general health.

Dr. Laird, of Squan village, reports that he has treated more cases of *Intermittent fever* than in many years previous. He attributes this increase in the number of cases to the closing of "Squan River Inlet" last summer, overflowing a large tract of meadows.

Dr. Travers, of Matawan, reports during the month of March three cases of *Cerebro-spinal Meningitis*, occurring in the same family. The three cases were in children, and two

of them terminated fatally. Dr. Travers also reports a case of opium poisoning successfully treated by belladonna, notes of which are appended.

D. McLEAN FORMAN, M. D., *Reporter.*

CASE.

OPIUM POISONING TREATED BY BELLADONNA.

BY DR. TRAVERS.

On the 25th of March, 1872, at 5 o'clock in the morning, I was sent for in great haste to go three miles in the country to see a child whom the father informed me he thought was dying. On arriving at the house, I found the patient—a boy of three and a half years—suffering from opium poisoning. Inquiry revealed the fact that, to check whooping-cough, the child had taken a teaspoonful of cough syrup containing the one-tenth grain of sulphate of morphia about "every two hours," until five doses were taken, making in all a one-half grain of the drug. The symptoms were alarming in the extreme. The pupils were scarcely larger than the head of a pin, the breathing stertorous, with scarcely any pulse at the wrist, whilst the respirations did not exceed four to the minute. In a word, I thought the patient really dying, but determined to do my utmost to save life, knowing that the most extreme cases had been reported as getting well.

Fortunately I had in my pocket a bottle of tinc. belladonna. Not having my hypodermic syringe with me, I put ten drops in half-teaspoonful of water, pushed the spoon well down the throat, and had the satisfaction of seeing him swallow it. I next put mustard to the spine and extremities. Ten minutes after giving the first dose of tinc. belladonna I gave him half teaspoonful in an equal quantity of water, and after remaining in the mouth a short time the most of it found its way down the patient's throat. At this time every breath seemed as though it would be the last. The parents stood by the bed bathed in tears, and looked on the child as dead. Finally there was a struggle, then the muscles relaxed, respiration ceased, the mouth fell open, the pupils dilated to the fullest extent, and I was about telling the mother he was dead, but at this time discovered pulsation at the carotid artery (the pulse at the radial artery long since having ceased). At this time there were several deep respirations: the pupil again dilated. I now

used artificial respiration for some time, but the symptoms not improving, I desisted in despair, thinking there was no possible hope, and all of us supposed life would soon be extinct.

Having a severe headache, I walked in the adjoining room and stood sipping a cup of tea, when the father came in and said, "Doctor, Johnny has come to." On approaching the bed, I found the pupils again dilated, and the breathing much improved, with a feeble pulse at the wrist. I gave 20 drops more of the tinc. belladonna, then took a seat by the patient and watched with the deepest interest the alternate *contraction* and dilatation of the pupils. I could think of nothing but a battle going on between the morphia and belladonna. When the one would get the mastery the pupils would contract to dilate a few minutes after, when the other got the advantage of its antagonist. Finally the belladonna triumphed, and I left my patient at 10.30 A. M. entirely rational, pupils dilated, but inclined to doze. The next day he had recovered from the effects of both drugs.

It may be interesting to state, in connection with this case, that the whooping-cough was not at all mitigated whilst under really *poisonous* doses of belladonna; and this leads me to doubt if this much lauded remedy has any control over this troublesome disease.

Nothing could be more satisfactory than the action of belladonna in this case of poisoning by opium.

The stomach would not have responded to the action of emetics, and if it had, or if a stomach-pump had been at hand, and that organ entirely emptied of its contents, it would not have saved the patient, as there had been enough of the poison already absorbed to produce death, notwithstanding the employment of any amount of artificial respiration, electricity, counter-irritation, &c. I am convinced that nothing but belladonna could have saved this child's life. It proves to my mind, beyond doubt, that this drug counteracts the effects of opium, and most beautifully illustrates the rapid march of medical science. Ten years ago this child would have surely died within an hour, if treated only by the means employed in such cases at that day. Indeed, if I had not by chance have had the bottle in my pocket, he must have died before the fleetest horseman could have procured it. No patient could have been nearer death. The father's remark, "Johnny has come to," clearly proves this fact, and will give a correct idea of his condition.

It should teach us never to despair in similar cases, as long as there is life, if belladonna can be procured. If the patient cannot swallow, the remedy should be given hypodermically.

PASSAIC COUNTY.

Chairman of Standing Committee, &c.

During the past year Passaic county has not been visited by any severe epidemic, although there have been some cases of the usual forms of fevers, and contagious diseases.

Through the spring and early summer of 1871, an extensive epidemic of *Measles* prevailed through all parts of this city, but the cases were generally of only moderate severity, many of them being very light, and severe pulmonary complications and sequelæ being not often observed. Occasional cases of scarlatina have occurred throughout the year, some of a light, and some of a malignant type, but the disease has not spread or assumed an epidemic character, possibly because most of the susceptible material had been exhausted by the severe epidemic of the previous year. Whooping cough made its appearance early last fall, and still continues to exist, although the cases are not numerous at present. Typhoid fever, which prevailed very extensively during the summer of 1870, has been seen in very few instances during the past year. Cases of malarial fevers were numerous during the late summer and early autumn, but not more so than is usual at that period of the year, and they were confined chiefly to those persons who lived or worked in the suburbs of the city. Through the summer there was the usual amount of diarrhœal complaints of adults and children, but no special epidemic influence. The autumn and early winter were remarkably healthy, and there was very little sickness of any kind then. During the present spring there have been many cases of *pneumonia*, of a very severe nature, and also a large number of catarrhs of the respiratory organs.

Although *small-pox* has prevailed for many months past in the neighboring cities, we have fortunately, as yet, been

practically exempt from it. Several cases have occurred in different sections of the city since January 1st, but the disease has seldom spread beyond the house or family in which it originated, although no efficient system of isolation or protection has been enforced. On the appearance of the first cases, that portion of the city in which they occurred was at once thoroughly protected from the spread of the disease by house to house vaccination, but in subsequent cases no such precautionary measures were taken by the authorities. The disease is now slightly on the increase, and it is much to be feared, lest it may become extensively prevalent. There has been a great neglect of proper vaccination among our citizens, and although for the past four months many have been frightened into appreciating its value and necessity, still a large portion of our population is practically unprotected. Possibly our profession may be somewhat to blame for this, as its teachings and practice on this point have not been certain and uniform; some undervaluing its repetition, and others performing it too frequently. Medical opinion seems now to be settling down to the conclusion, that successful vaccination in infancy, successfully repeated at or soon after the age of puberty, is requisite for protection against small-pox, and is almost sure to afford it. The cases that have occurred here, are in accordance with this opinion, as will be seen. Up to the present date there have been twenty-four cases in all eleven of which proved fatal. Nine cases had never been vaccinated—all children—and of these all but one died. In one other fatal case, it was unknown whether the patient had been vaccinated or not. Of those known to have been vaccinated only one has proved fatal, and this was a pregnant woman, who miscarried during the progress of the disease. Not a single case of small-pox has occurred in a person who had been twice successfully vaccinated.

A few weeks ago *cerebro-spinal meningitis* made its appearance here; thus far there have been five or six cases, some of which are now under treatment.

The statements embraced in this report, relate only to the city of Paterson, as I have received no information from physicians in other parts of the county, of the diseases of their vicinities.

E. J. MARSH, M. D., *Reporter.*

PATERSON, N. J. May 1st 1872.

SUSSEX COUNTY.

Chairman of Standing Committee, &c.:

Sussex County, during the past year, has nothing especially interesting to report.

During the summer months *scarlatina* of mild type, except in a few cases, prevailed generally throughout the county. *Intermittents* and *remittents* we have had more of than for some years previous, especially along the line of railroads in process of construction. During the fall and winter months, *scarlatina* assumed a graver form in many localities, and a number of fatal cases are reported. We have likewise had measles and whooping cough, mild, except when complicated with organic inflammation. Quite a number of cases of scarlatina fell under my care, some grave, but the majority mild. In regard to the treatment, I made but little use of drugs. I sometimes use small doses of chlorate of potassa, not that I have much faith in its virtues, but because every body else does. I think the same amount of common salt quite as efficient. I have so often failed in severe cases, in the employment of this and that specific for scarlet fever, that I become entirely impatient of laudatory reports of special

remedies. I sometime ago learned the value of masterly inactivity, since which I have been more fortunate.

I do, however, believe in hygienic measures; rooms well ventilated, and of an even temperature; sponging the surface frequently with cold water; the application of ice to the neck in severe anginosa; clean sheets, &c. Cold water will bring out the eruption with marvelous promptitude, while warm water has no effect, or retards it. This I am well satisfied of. Some of the sequelæ, however, I have treated with great energy. I had, in the fall of the year, two cases of uremic convulsions, girls, aged respectively 9 and 13 years, both of whom recovered under the prompt employment of warm baths and brisk purgation.

There has been but little *Typhoid Fever* in the county, so far as I have learned, except in *Deckertown*, where it has been quite severe in form, and a number of cases were fatal. In January and February an unusual amount of inflammatory diseases existed.

I enclose report of case with communication by Dr. Ryerson.

L. D. MILLER, *Reporter.*

Case of Cerebro-Spinal Meningitis, with Recovery.

BY DR. ANDRUSS, OF SPARTA.

Mrs. T., aged about 20, previously strong and healthy, but had complained of slight chills and pain in back a week before taken sick. On December 4th was called to see her. She had been suddenly attacked, as the messenger reported, with congestion of lungs, and chills. Found patient lying upon the sofa, laboring severely for breath, at times movements of respiration nearly suspended; great pain in left cerebral region; also at dorsal region of spine, and shooting into the upper extremities; fits of muscular jerkings,

similar to tetanus; head thrown back on pillow; motion of the body causes severe pain; quietude insures comparative relief from pain; pulse 180; prescribed calomel cathartic and castor oil, iodide potass. 10 grains every 2 hours; blister to spine.

Dec. 5th. All symptoms aggravated; passed a restless, painful night; bowels had moved, but no relief to the pain; frequent fits of starting and jerking of muscles over whole body; intense pain in head and along the spine; stiffness of muscles of neck and jaw; pupil on left side dilated; much stupor; same difficulty of respiration; pulse same as yesterday; tongue dry and brown; skin cold and moist; difficulty in urinating. Prescribed cal. 1 gr. every 2 hours, with occasional doses of morphine to procure rest.

Dec. 6th. Patient passed quite a comfortable night, and says she feels better; pulse down to 90; respiration less laborious; there is a moist, clammy feel of the skin: left pupil still dilated; considerable anesthesia of whole left side, with seeming paralysis, or loss of motion, of same side; brown spots appear over the face, neck, back and arms, and other portions of the body; less pain on motion; less jerking of the muscles. Continue treatment.

Dec. 7th. Apparently better in every respect; bowels moved freely after dose castor oil; no difficulty with urine; left pupil less dilated; entire loss of power in left arm. No affection of the gums from the constant use of calomel. Continue treatment.

Visited my patient again on the 8th December, and found her very much improved every way. She continued growing better constantly until the 13th Dec., when, against orders, she left her couch and walked across the room, and sat in a chair most of the day. This imprudence brought on a relapse, with a repetition of the same symptoms. I had left off the calomel on the 8th, and prescribed quinine. I now resumed the calomel and blisters to the back, and in a few days she was again convalescent. Relapses occurred, however, again and again, for a long time. Her skin retained the clammy feel, and the jerking of the shoulder and arm was always present when sleeping. Her present condition, May 4th: Appetite and digestion good, still has a good deal of headache; feels pretty stout, able to do light housework; has a great deal of pain in the spine, which she continues to blister occasionally; and there is still jerking of the muscles of left side of the body, when asleep, but there is much less of it, and it seems to be gradually wearing off.

Traumatic Tetanus.

BY DR. WM. LINN.

Last year a case of recovery from traumatic tetanus was reported by Dr. Cook, details of which may be seen in the report of Dr. Johnson, in last year's transactions. The patient's home being in Sussex county, was there treated. It may be interesting to know that we have another case of recovery to report, and that the course of treatment was essentially the same. Mr. C. received his wound June 27th, 1871. July 11th he first complained of stiffness of the jaws, and in three or four days had general tetanic spasms. The *treatment* consisted in the sub-cutaneous injection of morphine, stimulants moderately given, and good nourishment, keeping the bowels open by enemata of turpentine and castor oil. I commenced using the morphine in ¼ gr. doses, about every four hours, which had to be increased to nearly one grain. The morphine was gradually withdrawn, as further use of it was not deemed necessary without much inconvenience to the patient. The man is now enjoying his usual health, May 6th, 1872.

Newton, May, 7th 1872.

Communication by Dr. T. Ryerson, Newton.

Conclusions on three subjects, drawn partly from my own practice, or by it confirmed, as presented in systematic treatises.

First, *in surgery*. I am led, from the anatomy of the inguinal canal, and from the aid to the reduction of its hernia afforded by anæsthesia, to conclude that one great obstacle to reduction is an involuntary—perhaps spasmodic—contraction of the abdominal muscles, induced by the pain produced by the taxis. This contraction seems to arise from an instinctive effort of the patient to withdraw the abdominal wall from the surgeon's finger. It is evinced by the "catching and holding of breath" by the patient. This contraction shortens the conjoined tendon, and makes the stricture tighter: for this tendon, in passing from before the internal ring, inward, downward and backward, to become the posterior boundary of the external one, takes a spiral turn around two-thirds of the circumference of the canal. This remarkable construction was doubtless intended to prevent protrusion, when the abdominal muscles are made tense in the act of straining, as in lifting heavy weights and like efforts, and is one of the beautiful illustrations of the infinite wisdom of the Creator. And very probably, it is by relaxation

of this tendon that venesection, or powerful nauseants, or the full action of anodynes, or anæsthetics, aid reduction.

In taxis, after relaxation of the parts involved in the stricture, by position or anæsthetics, two things become requisite, viz.: to grasp the whole tumor and endeavor to squeeze it into a smaller bulk, and, at the same time, with the thumb and fingers of the other hand, applied parallel to the cord, to make a steady pressure on the portion of the rupture lying within the canal. The unremitted pressure empties the tumor of its blood and other fluids (except in absolute strangulation), whilst the compression of the neck in and a little below the canal prevents jamming. Keeping up this pressure along the canal, and drawing the hand at the same time upward and outward, then reapplying and repeating the manipulation, whilst the other hand keeps up its pressure, the hernia is generally reduced. To knead the protrusion with the finger-ends, in attempting to crowd successive portions within the ring, tends only to contuse and inflame the parts.

The second subject I present, is the treatment of the *anasarca*, and especially the *uræmia following scarlatina*. Plainly, this treatment should be to give to as many organs as possible a vicarious office, with reference to the kidneys. It is known that nitrogen is constantly eliminated, to a small degree, by the lungs, intestines and skin. The constant association of chronic fatal diseases of various organs with Bright's disease—diseases formerly considered idiopathic—is now explained by the hypothesis of attempted vicarious function, to compensate for the inability of the degenerated kidney.

Without now entering upon the consideration of the proximate cause of scarlatina, and the pathology of its kidney disease, it satisfies the present design to say, that after the other symptoms have passed away, the tendency of this "kidney disease" and its manifestations is to recovery. When fatal, it is mostly soon after the primary disease, and through uræmia, or aqueous oppression of some vital organ. Therefore, the usual practice is to trust these cases mainly to the "*vis medicatrix.*" But recovery can be aided, and ought to be always; because the mild and the threatening cases cannot always be distinguished. Œdematous patients have been known to die suddenly, and when on the floor participating in childish amusements, or being amused by their companions. The most instructive symptom is the presence of albumen in the urine, and treatment ought to be continued until all trace of it has disappeared for several successive days. It is not uncommon for it to disappear for two or three days, or at least to be diminished to a mere trace, and yet reappear.

The lungs, which excrete pure nitrogen and nitrogenous compounds, must

be aided by having the air just so dry that evaporation shall not be impeded, and yet not stimulated so as to interfere with exosmosis. Impure, noxious gases must be prevented from contaminating the patient's atmosphere. The bowels should be kept as free as possible without impairing digestion, or producing intestinal irritation. The great benefit of catharsis in uræmic eclampsia is doubtless due to the carrying away, in a modified form, of the urinary constituents.

But the most marked effects upon the nephritic sequelæ of scarlatina are produced by acting upon the skin. Whether nitrogenous compounds are thus eliminated is, as yet, only inferred from the effects of treatment upon the general condition, which is thereby benefited, not only as to the aqueous effusion, but the uræmic symptoms; even amaurosis and violent and prolonged convulsions disappear very rapidly when treatment is instituted. This treatment may be simply the ordinary warm bath at 80 or 85 degrees F., used for ten minutes twice in the twenty-four hours. And here I shall repeat the recommendation of Smith, in his "Wasting Diseases of Infancy," that the bath-tub be covered with a cloth, upon which the child can be lowered into the water, unterrified by the sight and instinctive dread of it. Better than these, however, are vapor baths. And a very simple yet effectual method of administering them, is by placing the child (having on only a single, light, muslin garment) on a cane-bottomed chair, under which is a vessel of hot water, kept in rapid evaporation by hot stones or irons. The vapor is confined by a blanket, which envelops chair and child, excepting its head.

Better still is the hot-air bath. For this I sometimes use a frame of lath, put over the patient in bed, leaving only his head exposed. This is covered by the bed-clothing. Through its foot, of solid board, is introduced a tin pipe, coming up over the side of the bed, with an elbow, from a tin generator—in shape and size like a half-gallon oil-can—having an opening on one side to admit air, and a tea-cup or other vessel. In this is burned alcohol, which heats and drives into the lath frame a strong current of very hot air. But in winter-time, in houses heated by a furnace, and for patients capable of sitting up, the hot-air register may be very effectually used, by placing him over it, as over the pail of hot water. By either method a copious perspiration may speedily be excited, giving great relief. I use these hot-air baths, also after puerpural convulsions, where there is often a persistence of albuminous urine, explaining a continued invalid condition, otherwise unaccountable. So also are these baths greatly palliative in chronic Bright's disease. This treatment after eclampsia is important, and may prevent an otherwise inevitable degeneration of the kidneys.

The third subject upon which I would remark, is the difficult labor caused by the occipito-frontal position of the fœtal head. This is the most frequent cause of protracted delivery. And though most of these cases will, at length, terminate in the presentation of the vertix at the inferior strait, yet they are always exceedingly painful, as well as protracted, and sometimes end in forehead or face presentation, the first being far worse than shoulder presentation, even if contractions can be so far controlled as to admit of version, or if it terminate by its very fortunate spontaneous conversion into a face delivery. But even this species, with the chin posterior, is a very difficult labor, full of risk to the perineum.

It is very important that these cases be recognized early, before the head becomes locked, or the occipito-mental diameter comes to engage. They may be always suspected where a multipara, whose previous labors had been easy, has a protracted first stage, notwithstanding good pains and a dilatable os. In these cases, the existence of proper contractions may be unperceived, because the impringing head does not descend, while by compressing the uterine walls against the brim, it keeps the os flaccid, even during a pain. It is here very important to determine the existence of contractions by manipulations through the abdominal wall. From neglect of this precaution, opium or ergot are sometimes injuriously given—one to quiet "false pains," the other to excite true ones.

Finally, the os is dilated, and the second stage begins. The practitioner may not have arrived until now, and may be unable to determine whether the vertex is anterior or posterior, (important as that knowledge may become,) because, owing to the advanced development of the frontal bone, and the obliquity of the coronal suture, relative to the sagittal, the anterior fontanelle may be triangular like the posterior. In this case, however, the occiput may be recognized by feeling the parietal bone over-riding the occiput, at the lambdoidal suture. But even if a corrugated scalp prevents this recognition, the question may be settled by the greater breadth of the head between the parietal protuberances. But if the head has flexed sidewise, so that both parietal and temporal sutures are felt, and yet the patient's sensitiveness, or the closely adapted head prevents reaching the ear, or clearly distinguishing the fontanelles, the diagnosis may be made by means of the greater corrugation occurring over the sagittal suture, by the curvature of the temporal suture, the absence of any fontanelles at its extremities, or the over-riding of the parietal bone over the occipital.

The diagnosis having been made, the position should, if possible, be rectified immediately. The vertex should be brought down, and, if posterior, it

should also be assisted to rotate, as soon as it fairly impinges the pelvic plane. In my experience, these indications can seldom be fulfilled with the unaided hand or with the vectis, although sometimes rotation of the vertex forward may be accomplished by the first two fingers pressing against the over-riding parietal bone. Nor is version a desirable practice, except where the choice is between that and the crochet. It has been, indeed, often recommended, and I practiced it successfully, before I had learned how to accomplish the delivery with the forceps. Further: if we were morally certain of the death of the fœtus, we would choose perforation and the crochet before version, as less dangerous to the mother. It is more difficult than in shoulder presentation, and requires the relaxing effect of full anæsthesia, in order safely to push back the head and reach the feet. It is, however, preferable to the use of the forceps, as ordinarily used, in cases of normal presentation. I have never seen a description of any manipulation with the forceps, where the kind of traction recommended would not tend principally to the production of an occipito-mental presentation.

These instruments may, however, be used with general success. But, first, their application must follow only a perfect diagnosis of the position. If this cannot be made, and exhaustion is imminent, or even likely, version should be chosen, even with all its objectionable features. Perforation is for the mother only; when the child is living and viable, the mother must take part of the risk, which, in version, is divided between the two. Fatal exhaustion is more than a possibility, and must be prevented. I have seen one case, in a labor of this variety, where it was so far advanced when I arrived, that I was able to turn with the greatest ease and speed, because of the entire cessation of pains. Although the operation roused the patient, and caused the uterus to contract upon the child leaving it, thus preventing hemorrhage, yet the most powerful stimulation could not keep up reaction.

The forceps are, of course, to be applied as nearly as possible with their second curvature, coincident with the pelvic axis. But where the occipito-frontal diameter is transverse, this will be very difficult; the grasp of the forceps will, in that case, generally be oblique. Where the head is so flexed sidewise that the temporal suture is within reach, the forceps must be firmly closed and vibrated in one direction, so as to bring the sagittal suture central, or nearly so, and then unlocked and readjusted centrally.

The occipito-frontal position may now be changed, the vertex being brought down by a vibration of the handles in one direction, that is, toward the child's forehead. If the first effort does not succeed, it must be repeated, after unlocking and readjusting the forceps, which, on no account, must be

vibrated back. Nor is the least traction now admissible; it would aggravate the malposition; and if the handles were carried strongly backward, would endanger the perineum. After this rectification, the case might be left to nature, were it not that by laying aside the forceps, the patient would conclude unfavorably as to her safety and the practitioner's skill. It is therefore better to complete the delivery by joint traction and to-and-fro vibration.

The usual method of traction, in the direction of the handles strongly depressed against the perineum, not only tends to its injury, but to the removal of the occipito-bregmatic diameter from its normal position gained in the rectifying manipulation. A better method is to make the forceps a lever of the third order, by keeping the ends of the handles stationery as to traction, (although vibrating them to-and-fro,) and using those ends as the fulcrum, while the other hand at the lock—the forefinger between the blades—presses downward and backward toward the coccyx. This manœuvre acts on the perineum somewhat as the Sims speculum, and as the head does in a natural labor. In natural labor, the fourchette is brought forward; whereas, the strongly depressed handles of the usual practice tend to push it backward, and greatly endanger its integrity. In the above described manipulation, we apply force, as in the extraction of the placenta, holding the cord firmly with one hand, while with the finger ends of the other, within the vagina, we make traction on the cord downward and backward.

One word as to the to-and-fro vibration. Its efficacy used to be strongly urged by Professor Bedford, but its advantage is greatly over-estimated. And so we might suppose; because it does not imitate nature's efforts. I adhere to it because so taught; but I have never been convinced of its use. I suspect that Prof. B.'s impressions arose from seeing its effect in this variety of labor, where traction and vibration in one direction might bring down the vertex, while their joint use in the other direction would temporarily lock the head, and the forceps would merely glide over it.

While we bring the head down, we take the opportunity of the arrival of a vertex posterior at the pelvic plane, to bring it forward, by gently rotating the whole instrument like the axle of a wheel. This motion of the vertex is what it executes spontaneously in a natural labor; for it is not normal for a child's head to emerge with the vertex on the perineum.

If the forceps be firmly grasped in all these various manipulations, the facial or cranial integument will not likely suffer. But by a firm grasp is not meant such a pressure as would cut through the skin itself. But even

if the head were thus a little injured, it would very rapidly heal, and the injury would be the accidental effect of a necessity; for the ordinary use of the forceps, in these cases, will only lock the head, a result which may also happen if the case is left to nature. It must ever be remembered that this variety of labor, though not technically preternatural, is abnormal. Although it is abnormal, it will, as before said, generally end spontaneously. Therefore it is the duty of the obstetrician to watch the tendency very closely. If the patient is not likely to become exhausted, and is not suffering greatly, and there is even the slightest advance of dilatation, the second stage will come, and be safely concluded. But the dilatation may cease when it has advanced far enough for the application of the forceps, and the os is plainly dilatable. In these cases the tendency is to an unfavorable change of position, and interference must no longer be delayed. In that interference, the choice is between the forceps, version, and perforator. If he chooses the forceps, and uses them in the ordinary mode, he will likely necessitate a resort to one of the other alternatives. If he uses them as above described, he may possibly, but only possibly, inflict a trifling injury upon the child, while he will almost certainly effect delivery. It is therefore easy to decide upon the proper practice.

In whatever use of the forceps, we must remember that they are hard, stiff and unyielding, and that the soft parts will highly resent improper, rude treatment. The sciatic nerve, ever ready to lift a warning voice, if the forceps are at fault, or if traction in a wrong direction, or on a head engaged in a position in which it cannot advance, ought not to be silenced by anæsthesia, in instrumental cases, or at least in forceps cases. It is a great safeguard to a woman to be able to say, "Doctor, you hurt me."

Finally, for ordinary use, forceps with widely open fenestra, wide thin branches, a strong second curvature, long blades, French lock, and short handles, are the best. They can be applied under the bed-clothing, and are sufficiently powerful and safe.

WARREN COUNTY.

Chairman of Standing Committee, &c.

The epidemic of Scarlet Fever, mentioned in the report of last year, ended in May, 1871, and did not reappear in this portion of the county. Whooping-cough, Mumps and Measles, often succeeding one another in the same locality, at short intervals, have been the epidemics of the year. In but

one town, Phillipsburg, did *Small-pox* prevail to any extent. But a few isolated cases occurred in the rural districts—sufficient to arouse public attention to vaccination, which has been more thoroughly attended to than ever before.

The low temperature, persistent dry cold weather and frequent north-west winds of the long winter, caused an invasion of *Influenza* in February, which affected a larger proportion of the people than any other ailment of the year. Besides the symptoms of the respiratory system were those of the commonly styled "bilious attack," and a decidedly intermittent febrile element, requiring the old standard treatment by cathartics, diuretics and quinine.

Of the ordinary diseases, we have less Pneumonia than usual. No Typhoid fever within the year, and in the part of the county under my observation, fewer cases of Phthisis than for years past—with a greater tendency to recovery from those conditions which, in other seasons, were ready to develop a tubercular diathesis.

In absence of items of special interest from the other members of our Society, I note for the benefit of junior practitioners, a form of complication seen during the prevalence of our malarial fevers, alike rare and causing much anxiety, viz., *Intermittent Coma.*

The symptoms appear at the expected time of the usual paroxysm. The loss of consciousness is gradual, increasing from a placid, mental unconcern—such as we see in albuminuria, to a stupor from which for a time it is difficult to arouse the patient, and at times reaches complete coma. The respiration is regular but slow, with an occasional sigh. The pulse increases in slowness, from sixty-five to fifty in a minute. The extremities grow cool, but do not have the degree of cold which is reached in congestive fever; little restlessness; the secretions diminished or temporarily suspended; the general

appearance that of gradually ebbing vital power. After a persistence of four to six hours, the patient revives; his appearance is much improved, and remains so until the next period. Ordinarily the recurrence has been of the tertian form; the paroxysms returning for about one week.

The pathological view is, that the malarial poison produces temporary paralysis of the solar plexus, and the part of the sympathetic nervous system which controls the secretions of the kidneys, with the attendant local capillary congestions.

The treatment must be active and persistent from the first onset. It consists of frictions, dry, and with stimulants steadily persisted in; revulsives or heat to extremities and spinal column; special attention to evacuation of bladder, calling the attention of the patient to the effort, and using the catheter with its excitant effect in arousing secretion; fomentations to the lumbar region are valuable for the like purpose. A blister to the epigastrium I consider a very efficient remedy for comatose conditions occurring in other diseases, as well as in that now described. The interval of consciousness is to be faithfully employed in the use of diuretics, of which a well solution of Tr. Ferr. Chlor. with Chlor. Potass. is a favorite, and a careful administration of quinine.

Nearly every case recovered; but the alarm of friends and the really critical condition of the patients, make these cases worthy of closest study and accurate pathological investigation.

Our County Society is in a flourishing condition; the attendance regular, and interest manifested to make our annual sessions worthy of attention.

J. C. JOHNSON, *Reporter.*

SOMERSET and UNION DISTRICT SOCIETIES have not reported.

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TRANSACTIONS

OF THE

MEDICAL SOCIETY

OF

NEW JERSEY.

1873.

NEWARK, N. J.:
JENNINGS & HARDHAM, STEAM PRINTERS AND BOOKBINDERS,
153 and 155 Market Street.
1873.

OFFICERS, 1873.

PRESIDENT.

T. J. THOMASON, ... PERRINEVILLE.

VICE-PRESIDENTS.

1ST. G. H. LARISON, ... LAMBERTVILLE.
2D. WM. O'GORMAN, ... NEWARK.
3D. JNO. V. SCHENCK, ... CAMDEN.

CORRESPONDING SECRETARY.

WM. ELMER, JR., ... TRENTON.

RECORDING SECRETARY.

WILLIAM PIERSON, JR., ... ORANGE.

TREASURER.

H. R. BALDWIN, ... NEW BRUNSWICK.

STANDING COMMITTEE.

STEPHEN WICKES, Permanent Chairman, . . . ORANGE.
S. C. THORNTON, ... MOORESTOWN.
THOS. RYERSON, ... NEWTON.

FELLOWS.

All persons who shall have been, or may hereafter be, Presidents of the Society, shall rank as Fellows, and be entitled to all the privileges of delegated members.

Act of Incorporation, Sec. 1.

Those marked thus [*] are deceased.

*Robert McKean..... ...1766
*William Burnett.....1767
*John Cockran.....1768
*Nathaniel Scudder.....1770
*Isaac Smith.....1771
*James Newell.....1772
*Absalom Bainbridge.....1773
*Thomas Wiggins.....1774
*Hezekiah Stites..... ...1775
* * * * *
*John Beatty.....1782
* —— Barber.....1783
*Law Van Derveer.....1784
*Moses Bloomfield.....1785
*William Burnett..... 1786
*Jonathan Elmer 1787
*James Stratton.....1788
*Moses Scott.....1789
*John Griffith.....1790
*Lewis Dunham.....1791
*Isaac Harris.....1792
*James Newell.....1795
*Jonathan F. Morris.....1807
*Peter I. Stryker..... ...1808
*Lewis Morgan..... ...1809
*Lewis Condict.....1810
*Charles Smith.....1811
*Matt. H. Williamson.....1812
*Samuel Forman.....1814
*John Van Cleve 1815
*Lewis Dunham..... 1816
*Peter J. Stryker.....1817
*John Van Cleve.....1818
*Lewis Condict..... ...1819
*James Lee.....1820
*William G. Reynolds. 1821
*Augustus R. Taylor.....1822
*William B. Ewing.....1823
*Peter I. Stryker 1824
*Gilbert S. Woodhull... ...1825
*Wm. D. McKissack..... ...1826
*Isaac Pierson 1827
*Jephtha B. Munn..... 1828
*John W. Craig.....1829
*Augustus R. Taylor..... 1830
*Thomas Yarrow 1831
*Fitz Randolph Smith.....1832
*William Forman..... ...1833
*Samuel Hayes.....1834
*Abm. P. Hagerman.....1835
*Henry Van Derveer.....1836
*Lyndon A. Smith.....1837

BENJ. H. STRATTON.....1838
*JABEZ G. GOBLE..... 1839
*THOMAS P. STEWART.....1840
*FEBDINAND S. SCHENCK.....1841
ZACHARIAH REED.....1842
*ABRAHAM SKILLMAN..... ...1843
GEORGE R. CHETWOOD.....1844
ROBERT S. SMITH.....1845
*CHARLES HANNAH.....1846
*JACOB T. B. SKILLMAN.....1847
SAMUEL H. PENNINGTON.....1848
JOSEPH FITHIAN.... 1849
*ELIAS J. MARSH.....1850
JOHN H. PHILLIPS. 1851
*OTHN'L H. TAYLOR.....1852
SAMUEL LILLY.....1853
*A. B. DAYTON.....1854
J. B. COLEMAN..... 1855
RICHARD M. COOPER.....1856
THOMAS RYERSON.....1857
*ISAAC P. COLEMAN.....1858
JNO. R. SICKLER.....1859
WM. ELMER.....1860
JNO. BLANE.....1861
JNO. WOLVERTON..... ...1862
THEO. R. VARICK.....1863
EZRA M. HUNT.. 1864
ABRAM COLES.....1865
BENJ. R. BATEMAN.....1866
JNO. C. JOHNSON.....1867
THOS. J. CORSON.....1868
WM. PIERSON.....1869
THOS. F. CULLEN..... 1870
CHAS. HASBROUCK..... ...1871
FRANKLIN GAUNTT.....1872

HONORARY MEMBERS.

*David Hosack, New York 1827
*J. W. Francis.... 1827
*John Condict, Orange.....1830
*Noah Parsons, Rhode Island.....1839
*Reuben D. Murphy, Cincinnati.....1839
Alban G. Smith, New York..... 1839
Willard Parker, New York.....1842
*Valentine Mott, New York..... 1843
*Jonathan Knight, New Haven..... 1848
*Nath'l Chapman, Philadelphia 1848
*Alex. H. Stephens, New York.....1848
*Lewis C. Beck, New York.....1850
*John C. Torrey, New York..... ...1850
George B. Wood, Philadelphia.....1853
H. A. Buttolph, Trenton, N. J.....1854
Ashbel Woodward, Franklin, Conn.....1861
*Thos. W. Blatchford, Troy, N. Y.....1861
Jeremiah S. English, Manalapan, N. J..... 1867
Stephen Wickes, Orange, N. J..... 1868
C. O. Vanderpool, Albany, N. Y.....1872
Jos. Parrish, Philadelphia.....1872
Ferris Jacobs.....1872
C. A. Lindsley, New Haven, Conn..... 1872

MEMBERS OF DISTRICT MEDICAL SOCIETIES

REPRESENTED AT THE

ANNUAL MEETING, 1873.

BERGEN COUNTY.

(District Society organized February 28, 1854.)

F. Markoe Wright, *Pres't*,	*Englewood.*	Wm. Francis,	*Ridgewood.*
H. C. Neer, *V.-Pres't*,	*Park Ridge.*	Wm. H. Hall,	*Carlstadt.*
C. Hasbrouck, *Sec'y*,	*Hackensack.*	John J. Haring,	*Tenafly.*
J. T. DeMund, *Treas.*,	*Ridgewood.*	H. A. Hopper,	*Hackensack.*
M. S. Ayers,	*Fair View.*	J. M. Simpson,	*Schraalenburgh.*
A. S. Burdett,	*Hackensack.*	Robt. Stewart,	*Rutherfurd Park.*
H. A. Crary,	*Closter.*	A. P. Williams,	" "
D. A. Currie,	*Englewood.*	S. J. Zabriskie,	*Westwood.*

No. Members, 16. CHAS. HASBROUCK, Secretary.

BURLINGTON COUNTY.

(District Society organized May 19, 1829.)

Benj. H. Stratton,	*Mount Holly.*	E. P. Townsend,	*Beverly.*
A. E. Budd,	"	A. W. Taylor,	"
Richard E. Brown,	"	Alex. Elwell,	*Vincentown.*
Joseph H. Horner,	"	R. H. Page,	*Columbus.*
Franklin Gauntt,	*Burlington.*	George Goodell,	*Plattsburgh.*
J. Howard Pugh,	"	S. C. Thornton,	*Moorestown.*
David B. Vanslyke,	"	Theo. T. Price,	*Tuckertown.*
L. Van Rensselaer,	"	Lewis Sharp,	*Medford.*
Henry H. Longstreet,	*Bordentown.*	Enoch Hollingshead,	*New Egypt.*

Irene D. Young,	*Bordentown.*	Phineas H. Hibbard,	*Mannahawken.*
Louis Jemison,	"	John H. Furman,	*Pemberton.*

HONORARY MEMBER.

Dr. Zachariah Reed, *Mount Holly.*

REPORTER AND HISTORIAN.

S. C. Thornton, *Moorestown.*

No. Members, 22. E. P. Townsend, Secretary.

CAMDEN COUNTY.

(Organized August 14, 1846.)

Richard M. Cooper,	*Camden.*	John R. Haney,	*Camden.*
John V. Schenck,	"	W. H. Ireland,	"
Thomas F. Cullen,	"	Thomas Westcott,	"
H. Genet Taylor,	"	John W. Snowden,	*Waterford.*
John R. Stevenson,	"	N. B. Jennings,	*Haddonfield.*
Alexander Marcy,	"	J. W. Hewlings, Jr.,	"
James M. Ridge,	"	C. H. Shivers,	"
Alexander M. Mecray,	"	H. E. Branin,	*Blackwoodtown.*
J. Orlando White,	"	J. W. McCullough,	"
Randall W. Morgan,	"	H. A. M. Smith,	*Gloucester City.*
Richardson B. Okie,	"	Geo. W. Boughman,	"
Isaac B. Mulford, Jr.,	"	Edwin Tomlinson,	"
D. Parrish Pancoast,	"		

HONORARY MEMBERS.

Joseph F. Garrison,	*Camden.*
Richard C. Dean,	*U. S. N., Washington, D. C.*
A. D. Woodruff,	*Princess Anne County, Maryland.*

No. Members 25. H. Genet Taylor, Secretary.

CUMBERLAND COUNTY.

(Society organized December 8, 1818.)

B. Rush Bateman,	*Cedarville.*	Charles H. Dare,	*Bridgeton.*
E. E. Bateman,	"	Robert W. Elmer,	"
R. M. Bateman,	"	T. J. Smith,	"
Ephraim Bateman,	"	H. W. Elmer,	"
George Tomlinson,	*Roadstown.*	William L. Newell,	*Millville.*

A. S. Tittsworth,	*Shiloh.*	Thomas E. Stathem,	*Greenwich.*
Joseph Sheppard,	*Bridgeton.*	S. G. Cattell,	*Deerfield.*
William Elmer,	"	Jno. C. Morgan,	*Pennsville, Salem Co.*
J. Barron Potter,	"		

HONORARY MEMBER.

Enoch Fithian, *Greenwich.*

No. Members, 17. H. W. ELMER, Secretary.

ESSEX COUNTY.

(Society organized June 4, 1816.)

A. K. Baldwin,	*Newark.*	Isaac A. Nichols,	*Newark.*
Milton Baldwin,	"	Wm. O'Gorman,	"
Abraham Coles,	"	Samuel H. Pennington,	"
J. W. Corson,	*Orange.*	Stephen Personett,	*Verona.*
Joseph A. Corwin,	*Newark.*	Wm. Pierson,	*Orange.*
L. M. Crane,	*Orange.*	Wm. Pierson, Jr.,	"
Jeremiah A. Cross,	*Newark.*	J. W. Pinkham,	*Montclair.*
A. N. Dougherty,	"	A. A. Ransom,	*South Orange.*
Christopher Eyrich,	"	J. W. Read,	*Newark.*
Gabriel Grant,	*New York.*	Wm. Rankin, Jr.,	"
Wm. E. Grover,	*Newark.*	Philippe Ricord,	"
Trevonion Haight,	"	D. M. Skinner,	*Belleville.*
Peter V. P. Hewlett,	"	Edward D. G. Smith,	*Newark.*
H. Campbell Hendry,	"	Lott Southard,	"
Edgar Holden,	"	C. W. Stickney,	"
Wm. H. Holmes,	*Orange.*	E. B. Thompson,	*Orange.*
Jos. B. Jackson,	*Newark.*	M. H. C. Vail,	*Newark.*
Eugene Jobs,	*Springfield.*	Arthur Ward,	"
George R. Kent,	*Newark.*	Jno. F. Ward,	"
Charles J. Kipp,	"	Ed. T. Whittingham,	*Millburn.*
H. A. Kornemann,	"	Stephen Wickes,	*Orange.*
C. F. J. Lehlbach,	"	Frank Wilmarth,	*East Orange.*
James C. Lindsley,	"	Addison W. Woodhull,	*Newark.*
Jno. J. H. Love,	*Montclair.*	Chas. Young,	"
A. M. Mills,	*Newark.*	Chas. M. Zeh,	"
Ed. P. Nichols,	"		

No. Members, 51. CHAS. YOUNG, Secretary.

GLOUCESTER COUNTY.

(Society organized December, 1818.)

Joseph Weatherby,	*Clarksboro.*	Charles F. Hitchner,	*Elmer.*
Samuel F. Fisler,	*Clayton.*	Andrew G. McPherson,	*Clayton.*
Henry C. Clark,	*Woodbury.*	J. P. Burnett,	*Pennsgrove.*
Luther F. Halsey,	*Swedesboro.*	W. H. Turner,	*Mantua.*
John H. Ashcraft,	*Mullica Hill.*	W. H. Iszard,	*Elmer.*
Jacob Fisler,	*Harrisonville.*	George C. Laws,	*Paulsboro.*
John D. Heritage,	*Glassboro.*	Paul S. Heritage,	*Mantua.*
L. A. D. Allen,	*Woodstown.*	C. Grant Garrison,	*Swedesboro.*

HONORARY MEMBERS.

Joseph Fithian,	*Woodbury.*	Charles Garrison,	*Swedesboro.*
Charles F. Clark,	*Camden.*		

No. Members, 16. WM. H. TURNER, Secretary.

HUDSON COUNTY

(Society organized October 1, 1851.)

H. H. Abernethy,	*Jersey City.*	L. A. McBride,	*Jersey City.*
B. A. Andrews,	"	J. D. McGill,	"
David Benson,	*Hoboken.*	T. J. McLoughlin,	"
H. Bock,	*Jersey City.*	M. A. Miller,	"
J. A. Blake,	"	H. Mitchell,	"
E. W. Buck,	"	T. F. Morris,	"
J. H. Carpenter,	"	T. C. O'Callaghan,	"
C. H. Case,	"	J. Paul,	"
R. F. Chabert,	*Hoboken.*	J. J. Prendergast,	"
J. H. Comfort,	*Jersey City.*	F. G. Payn,	*Bergen Point.*
James Craig,	"	F. C. Ran,	*Jersey City.*
J. E. Culver,	"	D. L. Reeve,	"
H. M. Eddy,	"	F. C. Selnow,	"
J. R. Everitt,	"	S. V. W. Stout,	"
J. T. Field,	*Pamrapo.*	G. W. Talson,	*West Hoboken.*
Joseph F. Finn,	*Jersey City.*	J. W. Van Houten,	*Jersey City.*
S. R. Forman,	"	T. R. Varick,	"
A. Freeman,	"	C. O. Viers,	"
B. Gilman,	"	J. H. Vondy,	"
D. S. Hardenberg,	"	B. A. Watson,	"
J. W. Hunt,	"	J. Wilkinson,	"
A. A. Lutkins,	"	T. F. Wolfe,	"

No. Members, 44. M. A. MILLER, President.

HUNTERDON COUNTY.

(Society organized June 12, 1821.)

W. S. Creveling, *Pres.*,	*Stanton.*	G. T. Ribble,	*Milford.*
J. S. Cramer,	*Sergeantsville.*	M. Abel,	*Quakertown.*
C. H. Thompson,	*Stockton.*	N. B. Boileau,	*Perryville.*
O. H. Sproul,	"	John Blane,	"
C. W. Larison,	*Ringoes.*	G. H. Larison,	*Lambertville.*
A. S. Pittenger,	*Cloverhill.*	T. H. Studdiford,	"
C. M. Lee,	*Ringoes.*	S. Lilly,	"
Wm. Schenck,	*Flemington.*	H. B. Nightingale,	*Flemington.*
John Leavett,	*Baptisttown.*	G. R. Sullivan,	"

HONORARY MEMBERS.

J. R. Ludlow, John McKelway,
John F. Schenck, Henry S. Harris.
John Blane.

No. Members, 18. O. H. SPROUL, Secretary.

MERCER COUNTY.

(Society organized May 23, 1848.)

J. B. Coleman,	*Trenton.*	J. I. B. Ribble,	*Trenton.*
J. L. Taylor,	"	W. Elmer,	"
J. Woolverton,	"	H. Schaefer,	"
W. W. L. Phillips,	"	L. Leavitt,	"
T. J. Corson,	"	T. H. Mackenzie,	"
C. Skelton,	"	W. T. Lalor,	"
C. Hodge,	"	Jacob Quick,	"
R. R. Rogers,	"	C. H. Dunham,	"
C. Shepherd,	"	O. H. Bartine,	*Princeton.*
D. Warman,	"	J. Wyckoff,	"
J. L. Bodine,	"	E. L. Willing,	*Pennington.*
J. B. James,	"	G. S. Meeser,	*Titusville.*
H. W. Coleman,	"	J. W. Ward,	*Asylum.*
W. Green,	"	A. W. Armitage,	*Woodsville.*
E. H. Reed,	"	C. F. Deshler,	*Hightstown.*

No. of Members, 30. J. B. JAMES, Secretary.

MIDDLESEX COUNTY.

(District Society organized June 13, 1867.)

D. C. English,	*New Brunswick.*	C. M. Slack,	*Dayton.*
Rush Van Dyke,	"	N. Kaemmerer,	*New Brunswick.*
A. Treganowan,	*South Amboy.*	J. W. Meeker,	"
John Helm,	*New Brunswick.*	Chas. Dunham,	"
E. B. Freeman,	*Woodbridge.*	E. M. Hunt,	*Metuchen.*
C. H. Vorhees,	*New Brunswick.*	W. E. Mattison,	*New Brunswick.*
H. R. Baldwin,	"	G. J. Janeway,	"
D. Stephens,	"	C. Morragh,	"
N. Williamson,	"		

No. Members, 17. D. STEPHENS, Secretary.

MONMOUTH COUNTY.

(Society organized July 24, 1816.)

Wm. A. Newell,	*Allentown.*	John Cooke,	*Englishtown.*
John Vought,	*Freehold.*	James S. Conover.	*Freehold.*
Robert Laird,	*Squan Village.*	D. McLean Forman,	"
Robert R. Conover,	*Red Bank.*	A. K. Travers,	*Matteuan.*
J. E. Arrowsmith,	*Keyport.*	Asher T. Applegate,	*Englishtown.*
T. J. Thomason,	*Perrineville.*	P. B. Pumyea,	*Imlaystown.*
Joseph B. Goodenough,	*Blue Ball.*	S. H. Hunt,	*Eatontown.*
A. A. Howell,	*Allentown.*	C. C. Vanderbeck,	*Allentown.*
S. M. Disbrow,	*Squankum.*	Samuel Johnson,	*Long Branch.*
Henry G. Cooke,	*Holmdel.*	Charles A. Conover,	*Marlborough.*
A. A. Higgins,	*Squan Village.*	Isaac S. Long,	*Freehold.*

HONORARY MEMBERS.

J. S. English,	*Manalapan.*	Edward Taylor,	*Middletown.*
A. V. Conover,	*Long Branch.*		

No. Members, 22. JOHN VOUGHT, Secretary.

PASSAIC COUNTY.

(Society organized January 16, 1844.)

A. W. Rodgers,	*Paterson.*	C. S. Van Riper,	*Paterson.*
Lemuel Burr,	"	H. C. Van Gieson,	"
R. J. Whitely,	"	E. J. Marsh,	"
M. Moss,	"	G. H. Balleray,	"

G. W. Terriberry,	*Paterson.*	Sarah F. Mackintosh,	*Paterson.*
R. Kent,	"	R. D. Bogert,	"
Orson Barnes,	"	H. W. Reisberg,	"
Oswald Warner,	"	John Quin,	"
S. R. Merrill,	"	Patrick Cahil,	"
Wm. Blundell,	"	O. V. Garnett,	"
Wm. Bussel,	"	G. Terhune,	*Passaic.*
Jas. C. Ameraux,	"	R A. Terhune,	"
T. J. Kane,	"	C. Van Riper,	"
Jas. H. Mackintosh,	"	J. C. Herrick,	"

No. Members, 28. C. Van Riper, Secretary.

SUSSEX COUNTY.

(Society organized August 22, 1829.)

T. H. Andress,	*Sparta.*	John Miller,	*Andover.*
J. L. Allen,	*Lafayette.*	L. D. Miller,	*Newton.*
Carlos Allen,	*Vernon.*	John Moore,	*Deckertown.*
J. B. Boss,	*Sparta.*	E. W. Maines,	*Flatbrookville.*
F. M. Cannon,	*Deckertown.*	J. F. McCloughan,	*Swartswood.*
J. P. Couse,	*Franklin Furnace.*	C. R. Nelden,	*Stanhope.*
H. N. Crane,	*Branchville.*	J. B. Pellet,	*Hamburgh.*
J. W. Collins,	*Tranquility.*	Thomas Roe,	*Walpack Centre.*
D. L. Duncan,	*Newton.*	Thomas Ryerson,	*Newton.*
Joseph Hedges,	*Branchville.*	Franklin Smith,	"
Jonathan Havens,	*Newton.*	D. M. Sayre,	"
P. N. Jacobus,	*Hainesville.*	Eugene Schumo,	*Layton P. O.*
W. H. Linn,	*Hamburgh.*	E. J. Westfall,	*Beemerville.*
C. V. Moore,	*Stillwater.*	Jacob Whitaker,	*Deckertown.*

No. of Members, 28.

UNION COUNTY.

(Society organized June 7, 1869.)

L. W. Oakley,	*Elizabeth.*	H. H. James,	*Rahway.*
D. W. C. Hough,	*Rahway.*	J. Otis Pinneo,	*Elizabeth.*
Jas. S. Green,	*Elizabeth.*	Alonzo Petit,	"
F. A. Kinch,	*Westfield.*	Thomas Terrill, Jr.,	"
Joseph S. Martin,	*Elizabethport.*	Wm. M. Whitehead,	"

Ph. H. Grier,	*Elizabeth.*	H. C. Pierson,	*Roselle.*
Wm. Gale,	*Westfield.*	T. N. McLean,	*Elizabeth.*
John S. Broshan,	*Elizabethport.*	J. A. Coles,	*Scotch Plains.*
S. E. Arms,	*Elizabeth.*	F. B. Gillette,	
Joseph H. Grier,	"	E. V. Stryker,	
W. N. Selover,	*Rahway.*	J. K. McConnell,	*Cranford.*
C. H. Stillman,	*Plainfield.*	A. Morrell Corey,	*New Providence.*
Louis Braun,	*Elizabethport.*	T. B. Tomlinson,	*Plainfield.*
T. L. Hough,	"	Wm. R. Gray,	*Summit.*
Samuel Abernethy,	*Rahway.*	H. P. Geib,	*Elizabeth.*
E. B. Silvers,	"	Sherman Cooper,	*Westfield.*
Robert Westcott,	*Elizabeth.*	H. D. Burlingham,	
J. S. Crane,	"	—— Kinch,	
J. B. Pobasco,	*Plainfield.*		

No. Members, 87.

WARREN COUNTY.

(Society organized February 15, 1826.)

P. F. Brakeley,	*Belvidere.*	Henry H. Reinhart,	*Hope.*
L. C. Cook,	*Hackettstown.*	L. M. Osmun,	*Philipsburg.*
S. S. Clark,	*Belvidere.*	J. F. Shepherd,	"
John C. Johnson,	*Blairstown.*	H. S. Harris,	*Belvidere.*
P. F. Hulshizer,	*Stewartsville.*	E. T. Blackwell,	*Hackettstown.*
John S. Cook,	*Hackettstown.*	Wm. M. Hartpence,	*Oxford.*
L. C. Osmun,	*Delaware.*	J. M. Paul, Jr.,	*Belvidere.*
Theodore Crane,	*Hackettstown.*		

HONORARY MEMBER.

James C. Fitch, *Hope.*

No. Members, 15. P. F. BRAKELEY, Secretary.

SUMMARY.

Bergen,	16	Middlesex,	17
Burlington,	22	Monmouth,	22
Camden,	25	Passaic,	28
Cumberland,	17	Somerset, (reported last year,)	11
Essex,	51	Sussex,	28
Gloucester,	16	Union,	37
Hunterdon,	18	Warren,	15
Hudson,	44		
Mercer,	30	Total,	397

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

THE ONE HUNDRED AND SEVENTH ANNUAL MEETING.

The Society met in the Court House at Mt. Holly, on Tuesday Evening, May 27, 1873, at 8 o'clock.

The President, Dr. F. Gauntt, of Burlington, presided. All the other officers of the Society were also present.

The meeting was opened with prayer by the Rev. S. Miller, D. D., of the Presbyterian Church of Mt. Holly.

The Committee on Organization reported the following as duly accredited delegates (Dr. J. A. Cross acting on the Committee by appointment of the President):

Bergen—J. L. DeMund,* W. Hall,* J. J. Haring,* R. Stewart.* Members, 15.

Burlington—George Goodell, Henry H. Longstreet, E. P. Townsend, John H. Firman,* R. H. Page. Members, 22.

Camden—Alex. McCray, N. B. Jennings, E. H. Shivers, J. V. Schenck, H. G. Taylor. Members, 25.

Cumberland—Thomas J. Smith, A. S. Titsworth, R. W. Elmer, Charles H. Dare.* Members, 17.

Essex—E. B. Thompson, Daniel M. Skinner, Alex. N. Dougherty, A. D. Woodhull, C. J. Kipp, P. V. Hewlett, J. A. Cross, A. Ward.* Members, 51.

Gloucester—W. H. Turner, C. G. Garrison, C. F. Hitchner. Members, 16.

Hudson—B. A. Watson, M. A. Miller, J. D. McGill, R. F. Chabert, F. G. Payne, J. F. Finn, D. Benson, S. R. Forman. Members, 44.

Hunterdon—Isaac S. Cramer, M. Abel, O. H. Sproul. Members, 10.

Mercer—J. J. B. Ribble, J. L. Bodine, C. F. Deshler, E. L. Welling, W. W. L. Phillips, D. Warman. Members, 30.

Middlesex—C. H. Voorhees,* D. C. English, J. W. Meeker,* A. Treganowan. Members, 17.

Monmouth—Hon. W. A. Newell, C. C. Vanderbeck, Henry G. Cooke,* A. A. Howell,* P. B. Pumyea. Members, 22.

Passaic—L. Burr,* G. Terhune,* J. H. MacIntosh, O. Warner.* Members, 28.

Somerset—No delegates reported.

Sussex—Eugene Schumo,* F. M. Cannon,* J. P. Couse,* H. N. Crane,* C. V. Moore.* Members, 28.

Union—L. W. Oakley, J. O. Pinneo,* —— Kinch,* H. H. James, T. H. Tomlinson, J. R. McConnell.* Members, 37.

Warren—J. F. Brakely,* Thos. Crane,* P. F. Hulshizer.* Members, 17.

REPORTERS.

Bergen—R. Stewart.*

Burlington—S. C. Thornton.

Camden—R. M. Cooper.*

Gloucester—Charles Garrison.

Hunterdon—C. W. Larison.*

Mercer—C. Shepard.*

Monmouth—D. McLean Forman.*

Sussex—T. H. Andruss.*

On motion of Dr. Lilly, the report was accepted and adopted, excepting that portion which refers to the delegates from Hudson. A remonstrance against the admission of several of the delegates of the Hudson County delegation, was presented by Dr. Forman, on the ground that they were expelled members of the District Society. After discussion, on motion of Dr. E. M. Hunt, the remaining portion of report of Committee on Organization was received and referred to Committee on Ethics.

The Fellows who were present were:

B. H. Stratton, Zachariah Read, Samuel H. Pennington, John H. Phillips, Samuel Lilly, Thomas Ryerson, Wm. Elmer, John Woolverton, E. M. Hunt,

* Absent.

B. R. Bateman, Wm. Pierson, T. F. Cullen, Charles Hasbrouck. Dr. English, honorary member, was also present.

On motion of Dr. Lilly, the members of all the County Medical Societies who were present were invited to seats during the sessions of the Society. A similar invitation was extended the clergy of Mt. Holly.

The minutes of the last annual meeting were, on motion of Dr. Bodine, approved without being read.

Dr. Pugh, of Burlington, welcomed the Society as follows:

GENTLEMEN: As members of and delegates to the New Jersey State Medical Society, on behalf of the Committee of Reception of the Burlington County Medical Society, I bid you welcome to Burlington County, on this, the 107th anniversary of the State Society. Coming as you do, from all parts of the State as representative men of the advanced Medical Science of the age, and feeling, no doubt, the responsibility resting upon you as members of this, one of the oldest and most time-honored Medical Institutions of the country, you, with myself, must feel that the annually recurring meetings of the Society are events of no common importance. And in bidding you welcome to this, the county town of our County, to hold your deliberations, we not only do so as members of the same profession, and as co-workers with you in the laudable ambition to make it worthy of its high and noble aims, but it is with feelings of pride that you have so honored us, the physicians of Burlington County, as to come in our midst to hold your deliberations. And are not these feelings excusable? I think so; for when we look around us and see of whom this convention is composed, men who have done yeoman service in the cause of medical science, and by word and deed have helped it to keep even pace with all the material progress of the age, and who, I trust, in the future will help it to attain its *ultima thule*, perfection. We cannot but be proud of the opportunity to give you the right hand of fellowship, and greet you as friends and brothers, honoring us by your presence here.

Gentlemen, we hope and expect that the meetings and deliberations of the Society will be conducted in amity and good will. That we will meet, deliberate and part as those have the same great object, the advancement of our noble and loved profession; and that we may date from this, the 107th

anniversary of the Society, the commencement of a new era of progress for the profession of the State.

Again I welcome you, and sincerely hope that your short visit here will be passed very pleasantly, and that not only may your heads and hearts be satisfied, but that the inner man may be abundantly supplied. And in looking back to this meeting, may the retrospect be ever pleasant. Rest assured that the physicians of the county will do all that in their power lies to make your visit so pleasant, that in the future you may all feel it was well for us to have been there.

An invitation from the Burlington District Medical Society, for this Society to meet with it socially at Arcade Hall after the adjournment this evening, was received and accepted.

The President read the Annual Address.

On motion of Dr. Bodine, a vote of thanks was returned to the President for the address, and a copy requested for publication.

The Committee on Ethics reported in favor of receiving the delegation from Hudson as reported by the Committee on Organization. On motion of Dr. E. M. Hunt, the report was accepted and the delegation received.

Dr. Forman renewed his protest, when, on motion of Dr. Ryerson, it was

Resolved, That this Society receive the protest against the delegation from Hudson County, and refer it to a committee of five to report thereupon.

Drs. Ryerson, Pennington, Lilly, Hasbrouck and E. M. Hunt were appointed as the Committee.

The President announced the following Committees:

Committee on Treasurer's Accounts—B. A. Watson, B. H. Stratton, D. M. Skinner.

Committee on Unfinished Business—T. Ryerson, J. Woolverton, A. Treganowan.

Committee on Nominating Officers—W. A. Newell, Townsend, Taylor, Tits-

worth, Dougherty, Hitchner, Payne, Creamer, Welling, English, MacIntosh, Oakley.

The Society adjourned, to meet to-morrow morning at nine o'clock.

MORNING SESSION.

Nine o'clock. The President in the Chair.

The Standing Committee, by its chairman, Dr. Wickes, made the annual report, which, on motion of Dr. Pierson, was received and recommitted for publication. The Committee were given power to publish the report in full, or such portions of it as in their judgment it may seem best.

The Committee to inquire into the form and method of membership in the American Medical Association, reported as follows:

The Committee appointed to report on the mode of membership of the American Medical Association, are happy to say that already the Association has initiated a change in accordance with the views of this Society, as expressed at their last meeting; and in addition we have only to recommend that the Association should rely on State Societies as the only authority as to the regularity of County Societies within their bounds. We recommend that our delegation to the next meeting of the Association urge the passage of the proposed amendment.

E. M. HUNT,
C. HODGE, JR.,
S. LILLY.

The report was accepted and the Committee discharged.

Committee on Unfinished Business reported that they had examined the records and had found no unfinished business.

The Committee to revise the By-Laws made a report, which was received and laid on the table. (See Appendix No. I.)

The Committee to whom was referred the protest against

the admission of some of the delegates from Hudson County, reported as follows:

The Committee appointed to consider the written protest of certain members of Hudson County District Medical Society, against the reception of certain other persons as delegates for said District Medical Society, whose credentials have been accepted by the Medical Society of New Jersey, and who are now enrolled among its members, beg leave respectfully to report—

That they have not been able to procure the minutes of said District Society, or any authenticated copy of any minutes.

Also, that the different parties who have come before them, are unable to agree upon any state of the case, beyond the election in December, 1872, of the officers who have sent up the certificate of delegation.

Also, that the Secretary of the said District Society is now out of the country.

Therefore the Committee respectfully report that the questions at issue cannot now be determined, and beg to be discharged.

THOMAS RYERSON,
SAMUEL H. PENNINGTON,
SAMUEL LILLY,
EZRA M. HUNT,
CHARLES HASBROUCK.

The report was accepted and the Committee discharged.

The Treasurer made his annual report, which was received and referred to Committee on Treasurer's accounts. (See Appendix No. II.)

The following bills were introduced and referred to the same committee:

Wm. Elmer, Corresponding Secretary	$4 00
J. M. Reuck, for printing	14 00
S. Wickes, Standing Committee	605 23
Wm. Pierson, Jr., Recording Secretary	6 00
Committee of Arrangements	7 00

The Committee subsequently reported that they had examined the accounts of the Treasurer and compared them with the vouchers, and had found them correct. They also

recommended the payment of all the bills which were referred to them, and also that the annual assessment upon the District Societies for the coming year be $1.50, as recommended by the Treasurer. The report was accepted and the recommendation adopted.

The Corresponding Secretary read his report, and also letters from Drs. Joseph Parrish, Ferris Jacobs, C. A. Lindsley and C. O. Vanderpool, in response to his notification of their election as honorary members of this Society. (See Appendix No. III.)

The Secretary announced that he had just received the credentials of Dr. F. I. Buck, as corresponding delegate from the Medical Society of Pennsylvania. Dr. E. M. Hunt introduced Dr. Buck to the Society, when, on motion, he was duly admitted.

Dr. Lilly, in behalf of the delegation to the American Medical Association, and Dr. Love, in behalf of the delegation to the Medical Society of New York, read their reports, which were received. (See Appendix No. IV.) Dr. Pennington, delegate to Maine, Dr. Woodhull, delegate to Massachusetts, and Dr. Townsend, delegate to Pennsylvania, had been unable to attend the meetings. They were, on motion, excused.

Dr. Wm. O'Gorman, Third Vice-President, read an essay "A Speculation on the Operative Treatment of Non-Traumatic Peritonitis." The essay was received with loud applause; and, on motion of Dr. Oakley, it was

Resolved, That a vote of thanks be extended to Dr. O'Gorman for his scholarly essay, and that a copy be requested for publication.

Dr. Studdiford, the Essayist, read a paper entitled "Observations on certain Nervous Disorders, as they prevail among Women."

On motion of Dr. Lilly, the thanks of the Society were presented to Dr. Studdiford for his instructive paper, and a copy requested for publication.

Dr. Hasbrouck presented an appeal to the Medical Society of New Jersey from the action of the Medical Society of Hudson, expelling twelve of its members. On motion, it was received and referred to Committee on Ethics.

Dr. E. M. Hunt, by invitation, read a very interesting paper upon Medical Ethics.

The President being called home by sickness in his family, Dr. Thomason, First Vice-President, took the chair and presided until the close of the session.

On motion of Dr. Forman, the thanks of the Society were voted to Dr. Hunt for his essay, and a copy requested for publication.

A memorial from the District Medical Society of Hudson County was introduced by Dr. Forman, which, on motion, was received without being read and referred to Committee on Ethics.

Dr. Wickes, as Chairman of Standing Committee, called the attention of the Society to Article VI of the Constitution of the Hudson District Medical Society, the second section of which, in the judgment of the Committee, is a violation of the law of this Society, and should be repealed. Dr. Culver, of the Committee, made a minority report explanatory of the object and working of the law. After some discussion upon the subject it was, on motion of Dr. Hunt,

Resolved, That the recommendation of the Standing Committee as to a portion of Article VI, of Constitution of Hudson Medical Society, be referred to the said Society, with direction to expunge the same, as we regard it unconstitutional.

The report of the Committee on the revision of By-Laws, on motion, was taken from the table, and after being thor-

oughly discussed, so much of the report as follows, was, on motion, adopted:

CHAPTER I.

SEC. 1. To this section add as follows: "The reporters of the District Societies who furnish their reports to the Standing Committee on or before the 15th day of May, shall be *ex-officio* delegates of their respective societies, in addition to the regular delegation of the same."

SEC. 3. After the word "assessments," second line from the bottom of the page, insert "the *ex-officio* delegates shall furnish a certificate from the Chairman of the Standing Committee that they have fulfilled the conditions of their appointment."

SEC. 4. Fourth order. "Announcement of Committees on the Treasurer's Accounts, on unfinished business of the preceding year, and on nominating officers for the ensuing year."

CHAPTER II.

SEC. 2. Insert after the word "questions," (3d line of section) "appoint committees except when otherwise provided for."

SEC. 3. Add "The Third Vice-President shall read an essay upon some appropriate subject, at the first annual meeting subsequent to his election."

SEC. 5. After the word "papers," (6th line from bottom of section) insert "furnish credentials to delegates to other medical societies."

SEC. 7. After the word "incorporation," (9th line from top of page) insert "It shall be a Committee on Medical Ethics and Judicial Business, to whom the Society shall refer all appeals from District Medical Societies requiring adjudication, and their report, after examination in any case, shall be considered final, unless at its regular meeting, two-thirds of the Society resolve to take up the case for general discussion, and for the action of the Society as a whole.

SEC. 9. Sec. 6 of Chap. III, to be made Sec. 9 of Chap. II, and the next Sec. to be numbered Sec. 10.

CHAPTER III.

SEC. 1. Expunge the *proviso*.

SEC. 2. (New Section.) The proviso of the former Section "Nothing in these By-Laws," &c.

SEC. 6. Transfer to previous Chapter.

The other Section to be numbered anew.

CHAPTER IV.

SEC. 1. 5th rule. Insert after "vote," (second line) "by ballot."

SEC. 2. Insert after "vote," (second line) "by ballot." After the word "meeting," (second line from bottom of page) insert "The nomination shall be referred to a special committee of three, appointed by the President, and the nominee shall be considered as eligible to election till the Com-

mittee report. The privilege of honorary membership shall not confer the right to vote."

CHAPTER V.

SEC. 2. (New Section.) "The Committee on Nominations shall consist of a delegate from each District Society represented, who shall be chosen by his own delegation. The announcement of the Committee shall be made by the President."

Other Sections to be numbered 3 and 4.

So much of the report as refers to Chap. III, Sec. 3, was, on motion, laid upon the table.

CHAPTER VII.

8th order is expunged. To 9th order add "or to be published in the Transactions of the Society."

The Fee bill was, on motion, referred again to the Committee.

The Nominating Committee reported as follows:

For President—T. J. Thomason.
" *First Vice-President*—G. H. Larison.
" *Second* " —Wm. O'Gorman.
" *Third* " —J. V. Schenck.
" *Recording Secretary*—Wm. Pierson, Jr.
" *Corresponding Secretary*—Wm. Elmer, Jr.
" *Treasurer*—H. R. Baldwin.
" *Standing Committee*—S. Wickes, S. C. Thornton, T. Ryerson.

Delegates to American Medical Association—Drs. E. M. Hunt, S. Lilly, F. Gauntt, D. C. English, B. A. Watson, —— Tomlinson, S. C. Thornton, W. A. Newell, T. J. Thomason, J. V. Schenck, Marsh, James, Deshler, G. N. Taylor, MacIntosh, B. R. Bateman.

Delegates to Medical Society of Pennsylvania—Drs. Larison, Vanderbeck and Hodge.

Delegates to Medical Society of New York—Drs. Varick, Treganowan and Turner.

Delegates to Medical Society of Rhode Island—Drs. Pierson, Pumyea and Terriberry.

Delegates to Medical Society of Connecticut—Drs. Miller, Stratton and H. W. Elmer.

Delegates to Medical Society of Massachusetts—Drs. Dougherty, Dunham and Van Slack.

Delegates to Medical Society of Maine—Drs. Blaine, Abernethy and Welling.

Long Branch was nominated as the place for the next annual meeting.

The report was, on motion, accepted.

It was voted that the next annual meeting be held at Long Branch, and that the hour for the meeting be 7.30 o'clock, P. M.

All the delegates for the respective Societies, as reported by the Committee, were duly appointed by the Society.

Dr. Baldwin was appointed Teller. A ballot was taken, when the persons named by the Committee, for the respective offices, were declared duly elected.

Dr. C. H. Kipp, of Newark, was appointed Essayist for the next meeting of the Society.

Drs. John Vought, Henry G. Cooke, S. H. Hunt, R. R. Conover and Robert Laird were appointed a Committee of Arrangements for the next meeting of the Society.

On motion of Dr. Baldwin, it was

Resolved, That the thanks of the Medical Society of New Jersey be tendered to the Board of Chosen Freeholders of Burlington County, for the use of the Court House building, at the annual session of 1873.

Resolved, That the Medical Society of New Jersey gratefully recognize the courtesy of the Committee of Arrangements for the entertainment and hospitality extended to them by the Burlington County Medical Society, and the citizens of Mount Holly.

On motion, the Society adjourned.

WM. PIERSON, Jr.,

Recording Secretary.

APPENDIX TO THE MINUTES.

NUMBER I.

REPORT OF THE COMMITTEE TO REVISE THE BY-LAWS.

The Committee upon *Revision of the By-Laws* respectfully report, that they have caused to be printed in a convenient form for the examination of the members of the Society, the alterations which they deem to be worthy of adoption. The additions to the By-laws which have been made since 1866, and the provisions growing out of them, will be found to be incorporated in the laws in their appropriate relations. Some new sections have been added under their proper heads. The Committee would offer no comment upon any except Sec. 2, Chap. III., which reads as follows: "Every medical practitioner in the State, of good moral character, holding a recognized degree of Doctor of Medicine, and conforming himself to the code of ethics adopted by this Society, is entitled to membership in the District Society of the county of his residence."

It will be remembered that in 1870 the Standing Committee was directed to inquire into and report upon the rights of persons making application for membership of the District Medical Societies. This committee subsequently reported that there is no provision in our Constitution which meets the case of one who appeals to the State Society from the unjust action of any District Society; and further, that by sec. 3 of act of incorporation, the Society has the power to make such provision. The committee further reported that it is theoretically true that this Society is organized and sustained for the protection of the profession of the State, and of the rights of all regular medical practitioners therein: though the cases of appeal will be rare, yet they *may* arise, under circumstances which might render it desirable that this Society should have the power to interfere and review the action of the local societies. There was some diversity of sentiment in your committee upon the propriety of recommending this section for adoption, yet in view of the above considerations, as presented by the Standing Committee in 1871, and of the known sentiments of many members of this Society, it was unanimously agreed that it should be presented for its consideration.

At the last annual meeting of the Society, two amendments to the By-laws were proposed, relating to the ratio of representation and the election of permanent members. The Committee have given these proposed amendments their careful consideration, and are unanimously of the opinion that they will not add to the efficiency of this Society, or promote the well-being of the local Societies, and for the following reasons:

First, in regard to *representation*. The preamble to the resolution upon

this subject bases the proposal upon the fact that greater usefulness and a greater degree of interest among the medical men of the State would be secured in this Society. Your Committee submit that the District Societies, without regard to the numbers of which they are composed, have an equal claim upon the care and protection of the State Society. That a society of five members is entitled to the same rights, and is in reality clothed with the same rights, as a society of fifty members. The Committee believe that the interest of the smaller societies in *this* Society is more likely to be retained if all the District Societies shall stand upon the same footing, having three delegates at large and additional delegates according to the number of their members. The smaller societies are found in those counties where the population is comparatively sparse and where the medical men have few opportunities of intercourse with each other. They place a high value upon representation in the State Society. To these especially, exposed as they are to temptations to minor irregularities in practice, and deprived of the benefits of frequent professional association, this Society should extend its fostering care, and exert as large a degree of influence as possible for the promotion of the honor and dignity of the profession in the person of its members.

We say "temptations to irregularities," etc., because we know that in sections of the State not a few, nostrums and quack remedies are recommended and freely and habitually used by too many of our medical practioners, and consultations are held with those whom our code of ethics regard as unworthy of recognition. Professional demoralization quite surely follows the neglect or the deprivation of the benefits of professional association. It is a noticeable and, we think, a suggestive fact in this connection, that our annual volume of Transactions is more earnestly looked for and more prized by the smaller societies than by the larger. Your Committee believe that we should strengthen rather than weaken the tie which binds it to this portion of its constituency.

The second proposed amendment relates to permanent membership. It might be sufficient to say respecting this proposal, that it violates our corporate act. Section One provides that the Medical Society of New Jersey shall be composed of Delegates, Officers for the time being, and Fellows. Permanent members would constitute a new element in the composition of the Society which is not recognized in its charter.

The statute can doubtless be amended upon application to the Legislature, if the Society should deem it desirable. As the creation of permanent members has not infrequently been suggested, the Committee take this opportunity of offering some considerations with reference to the expediency of thus modifying our plan of organization.

To one who may have given his attention to the mode by which this Society is constituted, both under the statutes prior and subsequent to the charter of 1866, it is strikingly manifest that it has always been and still is in intimate relations with its constituency. It is practically in the hands of the District Societies through their representatives. The ex-presidents are made, by virtue of the office which they have held, members in perpetuity. Their number is necessarily small, and must continue so to be—enough to secure the easy working of the Society at its annual meetings, and not enough to control its action. That the claims of its constituency have been guarded with jealous care is illustrated by the fact, that a Fellow, unless a delegate, has no voice in the nomination of its officers. These permanent

members, under our present plan of organization, can never increase to any great degree; during the last twelve years twelve have been removed by death, so that the number is no greater now than it was twelve years ago, while the delegates from the local societies have largely increased. It may be remembered by some in the Society now, that about ten or twelve years since, even our limited number of Fellows was, in a certain portion of the State, regarded with jealousy, as exerting a controlling influence; and a movement was initiated, but not carried out, to diminish their influence by legislative action. A *new* element of *permanent membership* would, in the course of a few years, so change the composition of the Society as to bring it under its control, and would so far remove it from the sympathy and personal interest which its constituents now manifest. Another result of such a change would almost necessarily follow, in the increased and disproportionate power of the larger societies in the State Society, furnishing as they would, the largest portion of the permanent members.

The Medical Society of the State of New York is constituted by delegates and permanent members. The Committee infer that its high rank among our State Societies, and the moral power of its example upon the profession at large, have led many to regard it as a model for imitation. We propose to analyze somewhat its practical workings. It has a constituency of 2432, of this 306 are permanent members—12½ per cent. Taking the five years from 1866 to 1871, there was an average attendance at its annual meeting of permanent members 87, of delegates 73. These delegates were a fraction less than 3 per cent. of the constituency. In these five years there was an average majority of 14 permanent members. In 1871 the majority was 31. In that year (1871) there were 60 County Societies; 17 sent no representation, 21 had only *one*. The Presidents of the Society and the important committees are taken almost wholly from the permanent members. Those who have attended the annual meetings of this Society need not be told that its whole working is in the hands of its permanent membership.

In contrast, we notice our own Society. We have a constituency of 381 members; Fellows 24—6 per cent. of the whole. At our last meeting, the delegates in attendance numbered 70 (New York 73)—18½ per cent. of its constituency; Fellows in attendance 13, less than one-fifth of the whole. *Every* District Society was represented.

Your Committee regard our State Societies as organized for the welfare of the profession within their respective bounds. We have an association national in its character and *designed* to be national in its influence. The Society of which we have spoken deservedly holds an exalted rank, and is, we believe, national in its influence; and we recognize the fact that this is largely due to its system of permanent membership. As a *State Society* it is less in sympathy with the profession within its bounds because of this feature of its organization.

Your Committee is unanimous in the conviction that the statistics now given, and their contrast in the two societies are conclusive that for "increasing the usefulness and securing a greater interest among the medical men of the State" toward itself, the Medical Society of New Jersey has adopted the "more excellent way."

At the last annual meeting a resolution was adopted, that "any member of a District Medical Society, against whom any charge is made in such Society, who shall arrest the action of such Society by an appeal to the courts, shall be considered in contempt of the laws governing the profession,

and, *ipso facto*, is to be deemed expelled from such Society." Your Committee do not recommend its incorporation in the by-laws, for the reason that such a provision would, in their opinion, prove a nullity. The Medical Society of New Jersey is created, and protected in its rights, by the authority of law, and the power which creates and protects a corporate body, extends equal protection to all those who compose it. It seems also to the Committee that such a law is contrary to the laws of this Society, which provides that a member accused shall first have notice and time given for defence.

STEPHEN WICKES,
WM. PIERSON, JR.,
S. H. PENNINGTON, } *Committee.*

NUMBER II.

TREASURER'S REPORT.

NEW BRUNSWICK, May 26, 1873.

Gentlemen of the Medical Society of New Jersey:

Your Treasurer reports that a cash balance of $179.95 remained in his hands at your last session. This amount was increased by the payment of the following assessments upon District Medical Societies:

Balance,	$179 95
Gloucester, due bill $30; assessment, $13,	43 00
Hudson,	49 00
Mercer,	27 00
Bergen,	15 00
Camden,	24 00
Middlesex,	19 00
Monmouth,	20 00
Warren,	26 00
Burlington,	22 00
Union,	33 00
Cumberland,	17 00
Passaic,	25 00
Somerset,	10 00
Sussex,	27 00
Hunterdon,	15 00
Essex,	49 00
Total,	$600 95

He has paid the following bills:

S. Wickes, Chairman,	$497 29
Murphy & Bechtel,	8 50
Newark Daily Advertiser,	2 00
Committee of Arrangements,	5 00
W. Elmer, Corresponding Secretary,	4 50
Wm. Pierson, Jr., Recording Secretary,	4 00
	$516 29
To balance account,	84 66
	$600 95
Assets in Newark Savings Institution,	$1,000 00
Balance in hand,	84 66

The Treasurer finds that the annual assessment of $1.50 per member to each District Society will meet the present wants of the Society, and would, therefore recommend a continuance of the present assessment.

All which is respectfully submitted.

HENRY R. BALDWIN, *Treasurer.*

NUMBER III.

REPORT OF CORRESPONDING SECRETARY.

TRENTON, May 28, 1873.

The Corresponding Secretary would respectfully offer the following Report: In conformity with his duties as Secretary, notices were duly sent to the gentlemen elected at the last annual meeting to Honorary Membership of our Society, viz., Drs. S. Oakley Vanderpoel, New York: Joseph Parrish, Pennsylvania; Lewis Jacobs, New York; and Prof. C. A. Lindslay, Connecticut.

From each of these a letter of acknowledgment has been received, expressing their thanks and their appreciation of the honor thus conferred.

Fifty copies of the Transactions were received from the chairman of the Standing Committee, and these were distributed to our honorary members, to other State Societies in communication with our own, and to the leading medical journals of the country. Respectfully submitted,

W. ELMER, JR.,
Cor. Secretary N. J. M. S.

DR. W. ELMER, *Cor. Secretary N. J. Med. Society:*

MY DEAR SIR—Your kind letter informing me of my election as Honorary Member of the Medical Society of the State of New Jersey, is received.

You will please present to the Society my full appreciation of the honor conferred, and assure its members of my sincere regards and desire for prosperity and happiness.

I am, with great respect, yours truly,

DELHI, N. Y. FERRIS JACOBS.

HEALTH OFFICER'S DEPARTMENT, QUARANTINE, S. I.
June 11, 1872.

W. ELMER, M. D.,

Cor. Secretary N. J. Med. Society:

DEAR DOCTOR—Your note of June 7, informing me of my election as an Honorary Member of the New Jersey State Medical Society, reached me at this place.

Be pleased to convey to the Society my gratification at the honor thus conferred, and my earnest wishes for its growth and prosperity.

Accept for yourself my thanks for your courteous note, and my expressions of personal regard. Yours, truly,

S. OAKLEY VANDERPOEL,

Health Officer for the Port of New York.

NEW HAVEN, May 20, 1873.

WM. ELMER, M. D.,

Cor. Secretary of N. J. Med. Society:

DEAR SIR—I beg to acknowledge my deep sense of the honor conferred upon me by my election as an Honorary Member of the Medical Society of my native State.

My life long interest in all that concerns the honor and prosperity of New Jersey—my pride in her wonderful enterprises and her well-deserved prosperity—and especially in the honorable zeal and enthusiasm which still as ever gives character to our profession within her borders, will be increased and intensified by this new connection with her venerable Medical Society.

I had hoped to be present at your approaching Convention, and express my thanks in person, but circumstances beyond my direction, will forbid me that pleasure. I beg, therefore, through you, to give expression to the sincere and peculiar gratification which your Society has afforded me, in taking such honorable notice of an absent though still filial son of New Jersey.

I have the honor to remain,

With the highest respect, yours, etc.,

C. A. LINDSLEY.

MEDIA, PENN., JULY 25, 1872.

WM. ELMER, Jr., M. D.,

MY DEAR DR.—On my return from Europe very recently, I found your letter conveying to me the intelligence of my being elected an Honorary

Member of the New Jersey Medical Society. It is with pleasure and pride that I accept this distinguished acknowledgment on the part of my many friends in New Jersey. My professional career was commenced in your State, and at that time I took an active part in all that concerned the profession there, and I can truly say that I appreciate very highly the election to honorary membership of the State Society.

I shall be pleased to attend its meetings when I can, and will thank you for information as to the times of meeting, etc.

Most truly,

JOSEPH PARRISH.

NUMBER IV.

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

To the New Jersey Medical Society:

The undersigned, delegate to the American Medical Association, respectfully reports, that he attended the last meeting of the Association, which commenced its sessions at St. Louis, Missouri, on the 6th inst., and was joined by Drs. Fisher and Miller of Gloucester county, Dr. Taylor of Camden, and Drs. Thornton and Sharp of Burlington county.

The meeting was largely attended, four hundred and fifty delegates and permanent members having registered their names.

The session was the most harmonious one I ever attended; none of those exciting questions or personal controversies which have heretofore agitated and disturbed the deliberations of the Association having been introduced.

The Association was welcomed to St. Louis by Dr. Moore of that city, who received us in behalf of the profession and citizens in a warm and cordial manner; after which he described the great wealth and improvements of St. Louis, its advantages for trade, and what it had done and was doing for the cause of medical science and humanity.

Dr. Johnson, chairman of the Committee of Arrangements, followed in a neat speech, reiterating the words of welcome, and announcing the programme of meetings, entertainments, etc., the latter of which were on the grand scale usual to such occasions.

The address of the President, Dr. Logan, followed. This was a well-written paper, in which the eloquent author adverted to the condition of the Association, past, present and future, and its relations to the profession and the community at large. He dwelt at great length on the relations of the profession to the United States and State governments, advocating warmly a union between the two, and urging the establishment of a Bureau of Public Hygiene and State Medicine, in connection with one of the depart-

ments at Washington, the Commissioner to be nominated by the Association. As this seemed to be a step toward making the Association a sort of political machine, it met with no responsive action by that body, except so far as to change the standing committee on "Climatology and Epidemic Diseases," for one to be designated the "Committee on Public Hygiene and State Medicine," to be composed as heretofore of one from each State represented, and to refer the whole matter to the new committee.

The by-laws of the Association were modified and amended in several important points.

The old committee on ethics was abolished, and a Judicial Council of twenty-one members constituted, to consist of seven members elected for one year, seven for two years and seven for three years, the term of office to be for three years after the first two elections, one-third to go out of office each year. To this Council are to be referred all questions of ethics, claims to membership in the Association, and all questions of a personal nature, such reference to be without debate, and the decision of the Council to be final. This, in the opinion of the best minds of the Association, will rid it of those agitating and exciting questions which have heretofore disturbed the harmony of the meetings, and impaired the usefulness and influence of the Association.

In lieu of reports from the chairmen of the committees on Medical Education and Medical Literature, addresses are to be delivered by the chairmen of the sections on "Anatomy and Surgery," on the "Practice of Medicine, Materia Medica and Physiology," and on "Obstetrics, and the Diseases of Women and Children"—these chairmen to be selected for their fitness for the position. It may be proper to state here, that the first place was filled by the selection of Prof. S. D. Gross of Philadelphia, the second by Dr. N. S. Davis of Chicago, and the last by Dr. T. Parvin of Indianapolis. It is believed that these changes will make the meetings much more interesting in a scientific point of view, and the transactions what they should be, a reflex of the state of the profession in the country.

Alterations to the constitution were presented, and lie over for one year looking to a change in the appointment to and restricting the membership of the Association to delegates from the State and County Medical Societies; thus carrying out, so far as could be done, the views of the New Jersey Medical Society, as expressed in the instructions to her delegates at the last annual meeting.

The meetings of the various sections were very interesting, and more fully

attended than on any former occasion with which I have been acquainted. The subjects discussed were of vital importance to the profession at large, but so varied and comprehensive in their character as to forbid more than this passing notice. The more important will be published in the volume of Transactions soon to be issued. Measures were taken to secure phonographic reports of these discussions at all future meetings, and preserve to the profession much that is valuable in the experience of the members taking part in the discussions, which has heretofore been lost, except to those who were so fortunate as to be present.

On the evening of Thursday, Dr. J. J. Woodward, of the U. S. A., delivered an able and most interesting lecture on Cancer, illustrated by a large number of micro-photographs of morbid specimens, thrown on a screen by means of the magic lantern. All who had the good fortune to be present will long remember the great gratification experienced, the evidence of which was attested by the hearty vote of thanks accorded to the able gentleman at the close of the lecture.

A resolution was adopted providing for the appointment of a committee of one member from each of the original thirteen States, to prepare and present an address to the Centennial Celebration in Philadelphia in 1876, on the connection of the members of the medical profession with the great struggle for Independence. This being a very important and interesting committee, the appointments were deferred until the next meeting, in order that the profession in the different States may be consulted, and the best men for the position selected.

Dr. Toner, of Washington, D. C., was elected President of the Association, and Detroit, Michigan, was designated as the next place of meeting. The time to be the first Tuesday of June, 1874, one month later than heretofore.

In distributing the appointments on the various committees, New Jersey was honored as follows: Dr. E. M. Hunt was placed on the Committee on Public Hygiene and State Medicine; Dr. Blane on that of Necrology; and Dr. S. Lilly was made a member of the Judicial Council for two years.

The Association, after having enjoyed the polite attentions and the warm hospitality of the profession and citizens of St. Louis, adjourned on Friday, 9th inst.

Respectfully submitted,

May 28, 1873. SAM'L LILLY.

REPORT OF DELEGATES TO THE MEDICAL SOCIETY OF N. Y.

The undersigned have the honor to report, that, as delegates from the Medical Society of New Jersey, we attended the annual meeting of the Medical Society of the State of New York, held at Albany, February 4, 5 and 6, 1873.

That on being introduced by the Chairman of the Reception Committee, we were most cordially received by that Society, and tendered to them the congratulations and good wishes of this Society.

That we heard with interest some twenty valuable medical papers read before that Society by prominent medical gentlemen of that State, and that an equal number of contributions were referred to their Committee on publication, for want of time.

The undersigned would beg leave to call the attention of this Society to this fact, showing that the physicians of that State are utilizing, to a wonderful degree, their faculties of observation. We commend the example of these men as worthy of emulation by the physicians not only of New Jersey, but of every State throughout our land.

JNO. J. H. LOVE,
E. M. HUNT.

PRESIDENT'S ADDRESS.

Dr. F. Gaunt, Burlington.

Gentlemen of the Medical Society of New Jersey:

Three years ago you conferred upon me the distinguished honor of electing me your third Vice-President. I then felt that I deserved no such prominence. Every day since has increased the belief that you were not sufficiently careful in the selection of an officer, who, by the custom of succession, is to occupy the most prominent position, and preside over the deliberations of a Society eminent amongst organizations of the highest moral excellence, as well as literary and scientific attainments.

This standard can only be maintained by the District Medical Societies, whose representatives compose the majority of this body.

If I could do justice to my position, I would cover myself with a panoply of glory, and this Society with an honor that her unsullied name so richly deserves.

The subject that I propose to discuss, occupies a conspicuous place in the study of physical laws, with which you are all familiar. Yet there are some essential points that the zoologists and scientists of the day have made salient, by all sorts of assertions, such as "When life first became possible on earth, it found expression in forms differing from those now existing."

These first populations were changed again and again, leading at last to the animal kingdom as we know it now, with man at its head. What connection is there between all these

successive populations? Are the quadrupeds the descendants of any earlier vertibrates, and are we ourselves the descendants of the first born mammalia?

These theories and questions are heralded to millions by the daily press—the great power and moulder of public opinion.

The physician meets the readers of these papers in his business and social intercourse, and of all others should he be able to answer all these questions, and fix the time, if any be, when these changes ceased to take place, or whether they are still going on at variance with the "unchangeable laws of nature." Are animals and plants reproducing themselves in perfection now, or are transformations continually taking place that escape our observation?

When was the law of God set aside, that proclaimed "Let the earth bring forth the living creature after his kind, cattle and creeping things, and the beasts of the earth after his kind; and it was so."

"God created man in his own image, in the image of God created he man; male and female created he them."

"And God said unto them, have dominion over the fish of the sea, and over the fowl of the air, and over every living thing that moveth upon the earth."

"God saw everything that he had made, and behold, it was very good."

If this be true, than which nothing is more so, what does it mean? Does it not remove every doubt? Is there not a distinct line drawn between the creation of the beasts of the earth, and the creation of man? A male and female man were created for a special purpose, and that for the perpetuation of the likeness of God. Had the Creator intended that orang-outangs, baboons, monkies, or other beasts of the field should produce a man, he would have so ordained it.

By the laws of nature—by which I mean the laws of God—

I propose to show that all life is from the same source; that every animal and plant reproduces itself in the highest degree of perfection; and that it is reasonable to suppose that epidemic, infectious or contagious diseases are disseminated by the same immutable law.

The first is made apparent by carefully revising the distinguishing characters of all organized beings, and their resemblance to each other.

Natural bodies, when viewed as they have a relation to man, are marked with characters so apparent, that they can not escape the observation of the most unenlightened mind. In a system where all the constituent parts have a reciprocal dependence, and are connected by relations so subtile as to elude the perceptions of animals, such obvious characters were indispensable. Without them, neither the affairs of human life, nor the functions of the brute creation, could be carried on. Characters of this kind are accommodated to the apprehension of brutes and of vulgar men.

But when the productions of nature are more closely examined, when they are scrutinized by the eye of philosophy, the number of their relations and differences is discovered to be almost infinite; and their shades of differences are so delicate that no sense can perceive them.

Nothing, apparently, is more easy than to distinguish an animal from a plant; and yet the proper distinction has puzzled the most acute inquirers, and perhaps exceed the limits of human capacity.

"A plant," says Junguis, "is a *living*, but not a *sentient* body, which is fixed in a determined place, and grows, increases in size, and propagates its species." In this definition living powers are ascribed to vegetables; but they are denied the faculty of sensation.

Life, without some degree of sensation, is an incomprehen-

sible idea. An animal, limited to the sense of feeling alone, is the lowest conception we can form of life. Deprive this being of the only sense it possesses, and though its figure should remain, we would instantly conclude it to be as inanimate as a stone.

The life attributed to plants seems to be nothing more than an analogical deduction from their growth, nutrition, continuation of their species, and similar circumstances.

We know not the principle of animal life. We are equally ignorant of the essential cause of vegetable existence. It is vain, therefore, to dream of being able to define what we never can know. We may, however, discover some qualities common to the animal as well as the vegetable.

Sensations, motion, and structure of parts, give animals a more extensive range in comparison with external objects A certain portion of intellect, joined to the vital principle, seem to be the most distinguishing properties of animals, and to constitute their essence or being. They have the laws of nature, in some measure, at command. They protect themselves from injury by employing force, swiftness, address and cunning. But vegetables remain fixed in the same place, and are subject to every thing that moves. Animals eat at intervals; their food requires time for digestion, and to answer the complicated purposes of secretion and nutrition.

The structure of a plant is more simple; they receive perpetual nourishment without injury.

Animals search for, and select, particular kinds of food. But plants must receive whatever is brought to them by the different elements. Animals exist on the surface and in the interior parts of the earth, in the air, in water, in the bodies of men and other animals, in the internal parts of plants, and even in stones.

But, if we may except a few aquatics, plants are fixed to the earth by roots.

All animals, it has been affirmed, have a heart, or particular fountain for the propelling and distributing their fluids to the different parts of their bodies; but caterpillars and many other insects have no such general receptacle.

The locomotive faculty has been considered as peculiar to animals; but even this is extremely suspicious. Oysters, sea nettles, the gale insect, and a variety of others, can hardly be said to have the power of locomotion. Many species remain fixed on the rocks on which they are produced, and have no motion but that of extending and contracting their bodies.

The sensitive plant possesses the faculty of motion in an eminent degree. The slightest touch makes its leaves suddenly shrink, and, together with the branch, bend down toward the earth. The American plant called *Dionæa Mucipula*, or *Venus' fly-trap*, affords another instance of rapid vegetable motion.

Many leaves follow the course of the sun. In the morning they face the east; at noon, they regard the south; and at the close of the day they salute the west.

These and similar motions are peculiar to the leaves of plants. The flowers have also the power of moving.

During the night many of them are enclosed in their calixes. The cause of these movements is ascribable to the presence or absence of the rays of the sun.

A stomach and brain have been reckoned essential characteristics of the animal; and plants are said to possess nothing analogous to these organs. But the polypus has no stomach; or, like vegetables, its whole body may be considered as a stomach. Its internal cavity contains no viscera, and when this animal is turned outside in, it still continues to live, and digest its food, in the same manner as if it had received no injury.

The mode by which plants receive their nourishment is extremely analogous. They imbibe food by the roots, the trunk,

the branches, the leaves, and the flowers. Instead, therefore, of having no stomach, their whole structure is stomach. With regard to the brain, the polypus and many insects are deprived of that organ. Hence, neither stomach nor brain are essential characters which discriminate the animal from the vegetable.

But all animals are endowed with sensation, or at least with irritability. Which last has been considered as a distinctive character of animal life. Sensation implies a distinct perception of pleasure and pain. We infer the existence of sensation in organized bodies when we perceive that they have organs similar to our own, or when they act, in certain circumstances, in the same manner as we act. If an organized being has eyes, ears, and a nose, we naturally conclude that it enjoys the same sensations as these organs convey to us. If we see another being, whose structure exhibits nothing analogous to our organs of sensation, contracting with activity when touched, directing its body uniformly to the light, seizing small insects with tentacula, or kind of arms, and conveying them into an aperture placed at its anterior end, we can't hesitate to pronounce that it is animated. Cut off its arms, deprive it of the faculty of contracting and extending its body, the nature of this being will not be changed; but we will be unable to determine whether it possesses any portion of life.

This is nearly the same condition of the small sections of the polypus, before their heads begin to grow. The wheel animal, the eels in blighted wheat, and snails, recorded by naturalists, afford instances of every appearance of sensation, or even of irritability, being suspended, not for months, but for several years; and yet the life of these animals is not extinguished; for they uniformly revive upon a proper application of heat and moisture.

These, and similar facts, show that we are entirely ignorant of the essence and properties of life. What life really is, seems too subtile for our understanding to conceive or our senses to discern. If we have no other criterions to distinguish life, than motion, sensation and irritability, life may exist in many bodies which are commonly thought to be as inanimate as stones. Organic structure, though greatly diversified in the different species of animals and vegetables, evinces that nature, in the formation of both, has acted upon the *same general plan.*

May we not presume therefore, that plants, as well as animals, are composed of a regular system of organs; that the vegetable part of creation is not entirely deprived of every quality which we are apt to think peculiar to animate beings?

As many of their motions can not be explained upon any principle of mechanism, it is fair to presume that they originate from the power of irritability, which, though it implies not the perception of pleasure and pain, is the principle that regulates all the vital or involuntary motions of animals.

The second source of analogies between the plant and animal, is derived from the modes of *growth* and *nourishment.*

Many ingenious theories have been invented, with a view to explain the mysterious operation by which the growth and nourishment of animals and vegetables are effected. Animals, like plants, gradually expand from an embryo or gelatinous state, and according to their kinds, arrive sooner or later at perfection. This expansion and augmentation of substance, is the idea conveyed by the word *growth.* Without some nutritious matter taken into the body, and assimilated by the action of vessels to the substance of the being that receives it, growth cannot take place.

The food of the animal, before it is converted into nourishment, must go through the intricate process of digestion.

But after this food has been converted into chyle, and the chyle into blood, this blood becomes a common fluid, from which all nourishment and all animal fluids are derived. Here the analogy is apparent. Moisture is to the plant precisely what blood is to the animal. Each of them extracts its nourishment from a common fluid, and in both this fluid is changed into the various substances peculiar to the different species. Soon after conception the fœtus is inclosed in its membranes, and is nourished till mature birth by blood which it receives from the uterus and placenta. In the same manner the embryo of a plant is enclosed in the membranes of the seed; and its fibrous roots are spread over the lobes or pulpy part. When vegetation commences, the embryo is nourished by moisture, (without exhausting a perceptible quantity of the earth in which it is planted). Plants, like animals, pass gradually to the highest degree of organic beings. At this period of their existence they have acquired that firmness of texture, and that evolution of parts, which constitutes the perfection of their natures, and enable them to *produce beings every way similar to themselves.*

The manner by which the nutritious particles are extracted from food, is very similar in the animal and the plant. In the animal, this operation is performed by the lacteal vessels, which are distributed over the internal surface of the stomach and intestines. In the plant, the same office is performed by the vessels of the roots and leaves. Here is a picture of life that everybody can understand, viz: Animals are organized beings nourished by roots situated in their own bodies; and plants are organized bodies which absorb their nourishment by roots placed externally.

We shall next take an analogical view of the dissemination and decay of the animal and vegetable.

Each of them is capable of producing beings every way

similar to the parent. But the modes by which this singular effect is accomplished, are very different in appearance. We propose to remove this apparent difference, and to show that animals and vegetables multiply their species in a very similar manner.

Animals have long been divided into viviparous and oviparous. The first class develop their eggs and produce their young alive. The others lay eggs, which must be hatched either by the heat of the sun or by that of the mother. Several animals exist which can neither produce their young alive nor lay eggs; and there are others that unite both these modes of multiplication.

Agassiz says in a recent lecture: "In the radiates, the lowest type of the animal kingdom, the eggs are mostly microscopic. The eggs, whether of vertebrate, articulate, mollusk or radiate, appear at some time identical in structure." Among the hydroids, multiplication by buds and by self-division is common. A bud grows into an individual, similar to the parent, and gives rise in its turn to others, which go on multiplying in the same way, till a large community is formed.

In other instances buds may drop off, and become free independent individuals. Many hydroids, and even some of the higher acalephs, mutiply by a still more simple process, that of self-division. The primitive stock breaks up transversely at regular intervals by constriction, and each such plant when thrown off, becomes a new individual; while the parent remains unimpaired in its vitality. Certain worms also multiply in this way, dividing into parts, and each part develops into a new being. Instances of longitudinal division are known, leading to the same result. The multiplication of the various animalcules which appear in infusions of animal and vegetable substances, long eluded the researches of philosophers. This discovery of the increase

of some larger animals by spontaneous division, gave rise to the conjecture that these microscopic animalcules might multiply their numbers in a similar manner. This conjecture was verified by incontestible experiments by M. De Lausure at Genoa, in 1769. Before this period, it was believed that all animals were brought forth alive or hatched from eggs. This maxim only included the more perfect animals; for with regard to most of the insect tribes, they imagined that these were produced by putrefaction and the admixture of particular kinds of matter. What produced animals one hundred years ago, we are told now produces contagious and infectious diseases. Who will believe this, twenty years hence? Redi, by a series of experiments, exploded the doctrine of the equivocal generation of insects; and then the principle was extended to the whole animal kingdom.

Having enumerated the different modes by which animals multiply their species, we will next show that the multiplication of vegetables is extremely analogous. The viviparous, as well as the oviparous animals, are supposed to proceed from eggs, with this difference, that the eggs of the first are developed previous to their exclusion. When the eggs of animals and seeds of plants are placed in proper circumstances, they produce young in every way similar to the parents. To accomplish this wonderful effect, egg requires fecundation and heat. Moisture, warmth and soil, or some similar mixture, are necessary for the exclusion of the young plant. Eggs are not only analogous to seeds in their destination, but there is a great similarity in the structure and uses of their respective organs. The internal parts of the egg are covered with a crust or shell, and two membranes. Beside these, the yolk is included in a separate membrane; when the first two are removed, the white invests the yolk. In the white, or rather on the membrane of the yolk, a small cicatrice is

discernable, in the centre of which is the punctum saliens or embryo of the future animal. After two or three days incubation, this punctum saliens becomes red and shoots out blood vessels, which are dispersed through the yolk to the outside membrane of the white, which performs the functions of the placenta of a fœtus. A seed is likewise covered with a shell; the whole kernel and each lobe are involved in separate membranes. In every seed there is also a small cicatrice, under which the future plant is discernable, resembling the punctum saliens of the egg; the branches of the radicle proceed from this plume, and are dispersed through the substance of the lobes in the same manner as the blood vessels issue from the punctum saliens of the egg. Eggs and seeds are evidently organs formed on the same plan, and destined by nature to answer the same general intention. But the multiplication of plants, as well as animals, is not confined solely to one mode. Plants are multiplied by slips and cuttings, similar to some of the polypus, the dart-millepes, and several of the animalcules which are found in stagnant water in warm weather. The water lentil, which covers pools of water of the same kind, multiplies its species by detaching thin films from the under sides of the leaves, which produce roots and regular vegetation.

The operation of grafting was long thought to be peculiar to the vegetable kingdom. But it has since been found that several species of the fresh water hydroids could successfully undergo this wonderful process. It has also been discovered that the *actinia* or sea-nettle, is likewise capable of being engrafted to the same or different species, so that the portions of divided animals grow together and become distinct individuals. Plants, as well as animals, are subject to a number of analogous diseases; when deprived of proper light and air, their

colors fade and they soon acquire a lurid and sickly aspect. They, as well as animals, are likewise subject to be starved for the want of nourishment. When the soil is unkindly, vegetables are always weak and dwarfish, and their prolific powers are diminished. They may also be injured by excessive heat or cold, and poisoned by the absorption of noxious vapors and fluids hostile to their constitution. Besides these general affections, common to both, they are often killed by particular diseases. Some diseases attack the leaves only, others are peculiar to the flowers and fruit; others assault the viscera or internal organs, and give rise to obstructions, tumors, and a gradual resolution and destruction. Many of the diseases of plants are produced by the insect tribes; their wounds extend from the root to the stem, branches, leaves, flowers and fruit.

From this general enumeration, it is obvious that the diseases of plants are not only similar to those of animals, but proceed from the same cause. In both kingdoms some diseases are superficial, and are cured either by nature or art. Others are mortal, and succeeded by decomposition.

The life of animals is diversified by a number of successive changes. Infancy, youth, manhood and old age are characterized by imbecility, beauty, fertility and dotage. All these vicissitudes are conspicuous in the vegetable world. Weak and tender in youth, robust and fruitful at maturity; and when age approaches, the springs of life dry up, and the tottering vegetable, like the animal, returns to that dust from which it sprung.

By taking a retrospective view, it is apparent that both of these kingdoms constitute the same order of beings, and that nature, in the formation of them, has operated upon one great and common model.

According to this well-established law of life, as applied to

all organized beings; and in view of the fact that the power of infection and contagion, with all the theories that have so far been advanced, none of which are beyond dispute and refutation, is it not important to investigate the subject upon this same universal law and philosophy of life that perpetuates the species of every organic being? Is it not reasonable to believe that the unchangeable laws of nature apply themselves to the growth and dissemination of infectious diseases?

"The principles of the parasite theory may be referred to two facts, viz., to the propagation of the itch, and to a disease appearing in the silk-worm, called muscardine." It is now a well-established fact, that contagious diseases are not communicated by animacules or entities. That contagious or epidemic diseases are the results of the germination of seeds or spores, the products of diseases of the same kind, is a rational and philosophic conclusion; they, like the eggs of insects and the seeds of plants, germinate and develop under favorable circumstances, and reproduce themselves for the perpetuation of their species.

No animal or plant is produced in a higher degree of perfection than small-pox, scarlet fever, measles or yellow fever, and why not by the same law? We have already cited instances where animal life existed for years without the slightest evidences of vitality, patiently awaiting for favorable opportunities to re-assert itself in full vigor of life. The seeds of many plants and the eggs of various insects are preserved for centuries, yet they produce their kind in the highest degree of perfection under the genial influences of the immutable principles of life. The putrefaction of animal and vegetable substances, has also been considered the origin of epidemics, and a cause of contagious diseases. There is a constant decomposition of organic matter in marshy, damp districts; the same follows inundations, whereby vegetation is

destroyed; noxious vapors arise and are distributed from such localities as it does from places where a large number of people are assembled together with a deficiency of fresh air. These azoic gases act upon the animal economy as specific poisons, by vitiating the blood, and through the medium of the nerve centres, produce a functional derangement of every organ of the body. Marshy or damp grounds that are uniformly covered with, or thickly surrounded by vegetation, do not produce miasmata; it is the margins that are too wet or too dry to supply organic life. If putrefaction or decomposition of organic matter causes contagious diseases, why are not the first cases found in the neighborhood of slaughter-houses or stables, where there is more of it going on than in any other localities? Putrefaction is nothing more or less than the return of organic beings into carbonate acid and carbonate of ammonia, and, under propitious circumstances, germinates the spores of fungi and infusoria, thus converting the putrefying mass into a plantation of animals, whose presence changes all the processes, and by their digestion and respiration they accelerate solution and render the air innoxious; when it may be seen that they themselves become putrid and corrupt, leaving nothing but their skeletons. The ancient writers taught that most of the insect tribes were produced by putrefaction and the admixture of particular kinds of matter; the moderns teach that these same materials produce infectious diseases and epidemics.

We have already shown that there are a number of insects which alone can be developed and propagated within the body or under the skin of a higher order of animals. We also find infusoria in hen's eggs, and organized beings in the urine.

The eggs of these criptic animacules are not more easily deposited than the seeds of infectious diseases, the spores of which may be analagous to the muscardine, or the fungi,

that most wonderful family, which passes through the whole process of life, viz., development, growth, dissemination and dissolution, in less than twenty-four hours; and whose spores are ever found ready for disclosure, only requiring warmth dampness and darkness. The mushroom and mould that greet your vision everywhere, bear silent testimony to this assertion. It is a most rational conclusion that all the infectious diseases, including scarlatina, roseola, variola, yellow-fever, plague and diphtheria, are disseminated throughout the land, attached to materials of every kind, even to the fowls of the air, and, like the seeds of plants and the eggs of insects, awaiting for a time, longer or shorter, for the person, young or old, who offers no resistance or has an affinity for such sporules, and who furnishes a genial matrix for their reproduction. At times, when atmospheric influences are favorable, secondary cases of every kind are common, especially in small-pox; for this loathsome infection the human family exhibits the strongest affinity; so much so, that the communication of small-pox to the fœtus in utero, is not of so rare occurrence as to render it necessary to adduce cases in proof of it. The fœtus may be infected by absorption of the spores through the mother, without her experiencing any effect from it, she having been previously vaccinated. Mothers may be protected themselves by vaccination or variola, yet the spores may be carried to the fœtus by *infiltration* and *affinity*—two of the principal forces of life.

The muscardine is a disease of the silk-worm, occasioned by fungus that grows on the body of the worm, destroying the animal and covering it with fungi; the spores of which are scattered by the slightest motion of the air to the most healthy of the colony. This fact shows that the spores of the fungus that destroyed one animal, are conveyed to others, producing the very same disease, and death, in others: in a word,

we have an epizootic in a cocoonery which is within the range of every man's understanding.

Yet when similar epidemics, such as cholera or erysipelas, occur in hospitals or crowded apartments of ships, it is ascribed to putrefacation, or to malaria, or to dampness, or to defective ventilation.

My object has been to invite my medical brethren to investigate a subject that, if pursued, will be a perpetual and inexhaustible source of pleasure to himself and of profit to the science to which he devotes his life. I trust that this virtuous amusement will convince him that pathology, like everything else, is completed on one principle. The masses of space are formed by law; law makes them the theatre of existence for plants and animals; the human faculties are sustained in action by law.

It is most interesting to observe, by way of conclusion, into how small a field the whole of the mysteries of nature ultimately resolve themselves.

The inorganic has one final law, GRAVITATION.

The organic, the other department, rests in like manner on one law, and that is DEVELOPMENT.

ESSAY.

BY WILLIAM O'GORMAN, M. D.

The by-laws of the State Society make it imperative on the officer filling the position I have now the honor to hold, to read a paper at the annual meeting. In accordance with this rule, I have selected as my subject, "A SPECULATION ON THE OPERATIVE TREATMENT OF NON-TRAUMATIC PERITONITIS."

Speculations in science, art or mechanics, can be quickly put to the test of calculation or experiment; their truth demonstrated, or their falsity proven, at no other loss than that of time, money and hope deferred.

But speculations on the medical treatment of disease, or on the performance of surgical operations, necessarily involving the lives of patients intrusted to our care, should not be indulged in, unless based on collateral facts, and in accord with the present state of physiological and pathological knowledge. Neither should any perilous innovation in treatment be advocated, unless the existing modes be found, after long experience, generally unsuccessful.

My own experience, and my reading of the experience of other men, have long since convinced me, that peritonitis, from any cause and in any condition of the system, is a most dangerous disease; and that peritonitis, arising from certain causes, and in certain conditions of the system, has proven an almost inevitably fatal one.

With this experience and conviction, I have no hesitation in suggesting, that since medical treatment in these certain

forms of the disease has absolutely failed, we are bound in duty to have recourse to any treatment, no matter how dangerous, to any expedient, no matter how desperate, that may hold forth the faintest prospect of success.

The surgical treatment of peritonitis has been but glanced at in our medical literature, some writers utterly reprobating the thought; a few distantly hinting at its possible expediency; none calmly reasoning on or openly advocating the measure. In the present day, abdominal surgery has made such glorious progress—so many old theories have been exploded—so many old terrors exorcised, that now the field is clear and the time ripe for the issue of even the most daring novelties.

Under the influence of this spirit of innovation I propose to reason on the propriety of abdominal section as a last resource in the treatment of peritonitis.

The chief materials of this paper have been drawn from the works of other men—facts collected and observations made by them, connected and pieced out here and there by my own reflections. In order that the subject may be presented in the fairest light, it will be necessary to give here a rapid general sketch of the causation and pathology of peritonitis.

The peritoneum, from its extent and position, is largely susceptible to external influences, and is necessarily exposed to all forms of external violence, and its envelopment of and intimate connection with the digestive and genito-urinary organs, renders it liable to be involved in their functional and organic troubles.

We thence have primary peritonitis, commencing in the serous membrane itself; secondary peritonitis, extending to the membrane from the diseased action of the enveloped organs; traumatic peritonitis, the results of bruises, wounds,

action of chemical agents, surgical operations; and, finally, sympathetic peritonitis, arising during the progress of certain acute and chronic diseases. This latter form, as it is but seldom met with, and as it is but an accident of a constitutional disease, will be left out in the further consideration of this subject. Whatever the exciting cause, and whatever the state of the general peritoneal system, the pathological condition of the peritoneal membrane and the quality of the effused products are pretty uniform—a vascular thickened condition, either local or general, of the serous membrane, with effusions of serum, lymph, pus or blood. These products of inflammatory action may be either single or in combination. Physicians, and indeed all scientists, are occasionally compelled to reason backward from consequences to causes, and in this way only can the lessons which pathology teaches be properly interpreted and estimated.

Pathology teaches us that in primary peritonitis the danger is in direct proportion to the extent of the inflammation and the amount of effusion. A case of local or limited inflammation, with a moderate amount of effusion, presents, according to our standard authorities, a fair prospect of recovery; the lymph being resolved or organized, and the serum or pus absorbed. "Resolution," says Dr. McAdam in his essay on peritonitis, "may take place between the fifth and twentieth day." "Effusion," he proceeds to say, "is a frequent termination in fatal cases. It is doubtful, when pus and lymph are effused in any great quantity, if they are ever absorbed, and such cases generally terminate fatally." Andral, Chomel, Stokes and Wardell express similar opinions. "When the secretion," writes Wardell, "is effused in small quantity, it may be absorbed; but if in large quantity, and *without opening*, irritative fever is produced, the symptoms of pyemia supervene, and it is then uniformly fatal." In primary

peritonitis, then, according to those writers whose very words I have quoted, the fatal termination is chiefly due to the amount of effusion; one writer asserting that it is generally, the other proclaiming that it is uniformly, fatal.

In secondary peritonitis, produced by perforation, the record is still more disastrous. Whatever may be the immediate cause of the perforation, whether ulceration or rupture, the present danger most generally arises not so much from the character of the original lesion, as from the escape of foreign matter into the cavity of the peritoneum. Dr. Stokes, of Dublin, who has written a paper on this particular form of peritonitis, describes it in the following words: "This most severe and generally fatal form of peritonitis, is the result of a solution of continuity of the peritoneum, which may arise from various causes and occur in various portions of the sac. In most cases the result of this accident is the introduction into the sac of the peritoneum of some solid or fluid substance, which produces a sudden and generally universal inflammation; so that the principal characters of this form of the disease are the suddenness of the attack, the terrible rapidity and violence with which the disease runs to its fatal termination, and its resistance to ordinary medical treatment." Any part of the digestive tube, and any of the hollow or solid viscera may burst, and pour out into the peritoneal cavity their normal or abnormal contents. The most frequent locality for rupture is in the vicinity of the Ileo-cecal valve. It has been estimated that nineteen out of twenty cases occur in that vicinity. The fatal rapidity of this form is terrific—twenty-nine hours being the estimated average of nineteen cases. So hopeless was Louis of any other than a fatal termination, even should a case be prolonged beyond the usual time, that he insists "when once the signs of perforation have occurred, we must not depart from our

diagnosis and admit of hope, even after an arrest of symptoms and an apparent amelioration of some days' standing." Dr. Stokes, however, claims two cases of recovery from perforation. One, perforation of the intestines, in his own practice; the other, rupture of abscess of liver, in the service of his colleague, Dr. Graves. Both were treated by large doses of opium, as originally recommended by Dr. Graves. The rarity of this most happy termination is thus aptly illustrated. Dr. Stokes, with his large experience and extensive reading, can only marshal two cases of recovery from presumed perforation.

The medical treatment of both primary and secondary peritonitis can be dismissed in a few words. The past modes of treatment were varied and variable. The present is opium, on the principle of rest for all inflammatory diseases. This view has been adopted by the profession with singular unanimity, and it has proved a great improvement on the old mercurial, anti-phlogistic, depletive and purgative treatment.

Traumatic peritonitis is a compound peritonitis—simple or secondary peritonits complicated with external wound; and I shall now proceed to enquire if this external wound is a hurt or a help. Intestinal perforation from wounds is not quite so terrific in its mortality as perforation from disease; and the gradation of danger bears an inverse relation to the extent of the external wound. Rupture from contusion, and perforation from punctured wounds attended with effusion, are nearly on a level in the lists of mortality with perforation from disease; while incised wounds, which allow a free discharge to the escaped fluid or solid matter, are regarded as more hopeful. Mr. Poland, in an able article in *Holmes' System of Surgery*, insists "that the external wound must be left open. It is the safety valve of life in such an injury, and its premature closure might most unexpectedly and rapidly

cause the death of the patient." He summarizes the result of his experience in a series of aphorisms, from which I shall select those applicable to the present subject: "That a rupture of stomach or intestine without external wound, is a fatal lesion; more fatal than when lesion of either viscus occurs with external wound." "That a punctured wound of viscera is more dangerous than a wound with protrusion, less dangerous than rupture without external wound." When peritonitis has finally set in, the treatment usually adopted is the same as in ordinary peritonitis. Boyer, who wrote his work on surgery in the early part of the present century, is the only author I have been able to find who treats the accident on the same general principles which guide us in the ordinary practice of surgery. He remarks that "when the presence of pus in the cavity is manifested by fluctuation, issue should be given to the effused fluid by an incision through the abdominal walls." Again, he states that "in punctured wounds, complicated with effusion of any kind, an incision should be made through the abdominal walls to give exit to the fluid. The operation will not save life when the effused matter is bile, urine or excrement; but then it has often prolonged life, and the surgeon should never hesitate about enlarging the wound, or even making a fresh incision over that part of the abdomen where the tumefaction is greatest. Although experience has not furnished us with any well authenticated cases of recovery, nevertheless the certainty of failure has not been proven; and reason leads us to the conclusion that this operation, performed in time and when the effusion is not very extensive, may achieve a perfect success."

In the hands of the ovariotomist it has achieved a perfect success. Inflammation of the peritoneum does not stay his hand, but rather incites him to prompt action. Listen to

Spencer Wells: "In several of my cases of ovariotomy, the operation was performed after the cyst had burst and its contents had escaped into the peritoneal cavity. The peritoneum has been found intensely red, thick, soft and bilious, and occasionally covered by loosely adherent flakes of lymph. Yet the result has been surprisingly satisfactory. The irritating cause having been removed, the irritation has subsided. If the cause had not been removed, death must have happened at no distant period, as all the general and local symptoms of chronic diffuse peritonitis had in the whole series of cases followed the rupture. Twenty-four times has the complication presented itself out of the last three hundred of my operations. Five of the patients have died, so that the ordinary rate of mortality of mixed hospital and private cases does not seem to have been much augmented. At any rate, the bursting of the cyst or the filling of the peritoneum by oozing from the puncture made by tapping the cyst, is no bar to the operation of ovariotomy, but rather a reason for doing it without delay. The fluids found in the cavity has been of all kinds, simple, bloody and fetid; the cyst walls in all stages of degeneration, some even nearly black, with ragged edged openings, and the peritoneum always with the same sign of inflammatory action, though perhaps in the fatal cases the semi-organized lymph patches were more general." He thus saved nineteen out of twenty-four cases of ovariotomy, complicated with peritonitis—seventy-seven per cent.; a success nearly equal to the highest recorded achievements of ordinary ovariotomy. Peritonitis, then, in Dr. Wells' experience, does not greatly increase the risk of an operation; as an element of fatality it has had but little influence. The successful cases have been a double success—a tumor removed, and an inflammation, ordinarily fatal, wiped out and washed out. A little further on the Doctor gives the details of a single

case, as illustrative of the whole series: "Twenty-six pints of ovarium fluid were free in the peritoneal cavity, and a thin walled multi-locular cyst, which appeared to be a simple hypertrophy of the left ovary, and weighing only two pounds, were taken away. When all the fluid was sponged from the peritoneal cavity, Dr. Farre and I were both struck with the intense, vivid redness of the membrane. It was thick, soft, velvety, not obscured by any exudation of lymph, but all over the abdominal walls, the intestines and uterus, it was as brilliantly red as a microscopical injection. We were naturally apprehensive of the effect of the incision, sponging, and action of air upon a serous membrane in this condition, and I went directly after the operation to tell Dr. Thomas Watson. He said, 'Are you sure you got it all out?' When I answered, 'Yes, quite sure,' he replied, with the wisdom of a great clinical teacher, 'Then let us hope, as the irritating cause is removed, the irritation will subside.' There was no bad symptom, recovery was complete. This case has been a guide in many others since, and when able to remove an irritating cause, I have almost always found that the irritation has subsided." This case is, in my opinion, so important, that I could not bring myself to abridge, but have given it in the author's and operator's very words. Every sentence is pregnant, not merely with present meaning, but with future hope; it is not simply a history, it is a prophecy.

Passing to an allied organ, we find surgical interference as effective and life-saving in rupture of the pregnant uterus.

Dr. Trask has published in the *American Journal of Medical Science*, a series of papers on rupture of the uterus occurring during parturition. He gives the following tabulated result of his inquiries as to those cases of rupture where a part or the whole of the fœtus had escaped into the peritoneal cavity:

Gastrotomy, saved,	76	per cent.
Operative delivery by vag.	32	"
Unassisted nature,	22	"

Abdominal section saved three-fourths, operative delivery per vaginam less than one-third, and unassisted nature a little over one-fifth. In this form of rupture, owing to the less irritating character of the fluids or solids escaping into the peritoneal cavity, the efforts of nature are more successful; the extravascated blood being absorbed or walled round by an effusion of lymph; even the fœtus itself being occasionally encapsuled, undergoing changes which render its presence innocuous, or being gradually and by piece-meal discharged through fistulous openings.

From the opinions I have quoted, it is evident that primary peritonitis, with purulent effusion and secondary peritonitis, are all but uniformly fatal, and that the present modes of treatment are more or less impotent. In this sad record there is but one point which throws out a gleam of hope. Whatever the cause of peritonitis, whether it be disease or accident, it appears that the discharge of the liquid or solid matter from the peritoneal cavity furnishes, if not the sole, at least the most hopeful channel of escape. There are many cases of primary peritonitis on record where the purulent effusion was discharged either through the abdominal parietes or by the urethra or rectum.

M. Gasch, in *Le Dictionaire des Sciences Medicales*, mentions a case where the purulent discharge took place through the umbilicus; and Dr. Gordon, as recorded in Copeland's Ency., has observed three cases of recovery through this phenomenon. The discharge occurring in one through the umbilicus, in another by the urethra, and in the third by the rectum.

These cases of spontaneous discharge of pus in peritonitis must be as rare as spontaneous evolution in obstetrics. Is it

science, is it common sense, to hope and watch and wait for such abnormal efforts.

Dr. Wardell, the latest writer on peritonitis, uses the following language: "When the purulent secretion is effused in large quantity, *and without opening*, it is then uniformly fatal." The words "without opening" are somewhat ambiguous, and can only be properly interpreted by the context. He cannot mean an artificial opening, for neither here nor in any part of his able and erudite article does he make the slightest allusion to surgical intervention. He must then be understood to refer to a spontaneous opening. If nature, unassisted nature, can fret or force a passage for the confined matter, the patient may recover. This then is the one only solitary channel of escape which Dr. Wardell's experience or erudition can discover. According to the language of one of our most distinguished surgeons, the external opening in penetrating wounds of the intestines is the "safety-valve of life." Close it, and you assimilate the condition of things to perforation from disease, and then the injury necessarily becomes a fatal lesion.

When peritonitis arises after ovariotomy, it has now become the standard practice to re-open the wound and give vent to any irritating fluids that may have been effused or secreted in the peritoneal cavity. Dr. Peaslee, of New York, has been the first to take a step still further in advance, and has initiated the practice of washing out the peritoneal cavity by injection. His favorite injection is a copy of the serum of the blood, and the results obtained by him, as related in his late excellent work, have been most satisfactory. Rupture of the bladder, with effusion into the peritoneum, has been and is regarded by surgeons as inevitably fatal, owing to the irritating and septic properties of the urine, and yet a Dr. Thorp has published a case of rupture of the bladder in which the peritoneal sac was washed out with tepid water, injected

through the rent in the organ, and ending in recovery. The treatment by injection began on the second day after the accident, and consequently Dr. Poland doubts the authenticity of the case.

The surgical cases I have cited illustrate the subject in the fullest manner, and now it may not be amiss to introduce a little speculative physiology. There is an old saying, that one can best study how to save life by studying the modes of dying. In peritonitis, according to Bichat's division, death begins at the heart. In or toward the last stage we find the respiration easy, the intelligence clear, calm, collected, and a complete absence of local pain. Place your hand on the patient's arm—the skin is cold, the pulse is gone, or only the faintest thrill perceptible. Place your hand over the heart, and you feel a faint asthenic impulse; a slow palsy is creeping over the organ, and it must soon cease to beat. What intimate connection is there between the peritoneum and heart, that peritonitis should so affect the vascular system? We know that the ganglionic system of nerves furnishes the organ with its nervous supply, but it is still an undecided question in what way its muscular irritability and rhythmic motion are maintained. Occasionally disease and accident have thrown light on phenomena which anatomical and physiological researches failed to elucidate.

Sir Astley Cooper relates the case of a man who died suddenly from a slight blow on the epigastrium. The autopsy failed to reveal any lesion, and this distinguished surgeon came to the conclusion that the man died from paralysis of the heart through shock to the solar plexus.

A more recent instance of the same influence is that of a surgeon who accidentally pressed on the sympathetic ganglia while sponging out the peritoneal cavity after the removal of an ovarian tumor. His assistants instantly directed his atten-

tion to the heart's action. It had almost ceased to beat, but immediately recovered its full action when the pressure was removed. To test the connection, pressure was a second time quickly made, and a second time the heart's action was momentarily suspended. Now, the most characteristic objective symptom of peritonitis is the tense condition of the abdominal walls. There is no distinction of tissue from the skin to the peritoneum. The tension is not the fullness of expansion but rather the rigidity of constriction. Can it be possible that this continuous clonic concentric pressure may exercise an influence on the heart through the ganglionic system?

Extreme cases, however, and vague speculation are not needed in the advocacy of the extension of one of the best established principles of surgery. The first practical lesson which the student learns is to give vent to purulent matter, and to remove foreign substances whenever and wherever they can be safely reached.

What I suggest is this, and nothing more. A simple incision through the abdominal walls involves but slight danger. Our authorities insist that it can be done with impunity. There is neither anatomical bar or physiological impediment. Serous membranes enveloping organs as vital and more sensitive are explored every day. We drill the cranium, expose and open the dura mater, for extravascated blood or suspected abscess; we pierce the pleura in quest of empyenia and serous effusion; even the sanctuary of the pericardium has been violated in our exploratory audacity. Why then, until lately, has the peritoneum alone of all the serous membranes remained virtually as well as anatomically a shut sac? Why have not the same general principles which guide us in our treatment of the diseases and accident of other serous cavities been applied here? Science and art have their superstitions. Avoid the peritoneum, was the cry of the sur-

gery of the past. In professional repute it was hedged round with horror, and on the abdominal walls might have been traced the motto affixed by Dante to the gates of hell—"Whoso enters here leaves hope behind."

One of the boons which the followers of McDowell have conferred on the profession, and consequently on humanity, is the sweeping away and utter obliteration of this superannuated reverence. The peritoneum is now cut, torn, teased and mutilated with frequent impunity. The danger now is, that the loss of reverence may run into license. A distinguished surgeon of Boston gravely proposes an exploratory incision through the peritoneum in any case of doubtful diagnosis. This is an extreme suggestion. What I claim and insist on is, that an incision through the abdominal walls, in such forms of peritonitis where such a procedure may be judged applicable, does not in itself aggravate the case.

The inquiry then arises, in what particular or special cases of peritonitis would such a procedure be justifiable? It would in my opinion, be justifiable in any case of acute or chronic peritonitis where there are decided evidences of effusion. It would be justifiable in cases of peritonitis from perforation where we can remove the irritating substance and at the same time entertain any reasonable hope of arresting subsequent discharge into the peritoneal cavity. And even in these cases this extreme measure should only be resorted to when we are convinced of the futility of other means, and under the imminent apprehension of an immediately fatal result. In such cases and under such circumstances we are urged to do it by many considerations—by observation, by precept, by example. In doing it we but imitate nature, treading the track traced out by her in those instances of spontaneous opening. In doing it we only carry out a common principle of surgery to its legitimate end. In doing it we but follow

in the footsteps of the ovariotomist who has again and again, in his special walk, incidentally demonstrated its success. And finally, let us hope that by doing it we may partially blot out another indictment in the long calendar of medical opprobria.

To this operation I may apply the language used by one of the great masters of French surgery, when writing on surgical peritonitis:

"Although experience has not furnished us with any well authenticated cases of recovery, nevertheless the certainty of failure has not been proven; and reason leads us to the conclusion that this operation, performed in time and under certain conditions, may achieve a perfect success."

ESSAY.

BY T. H. STUDDIFORD, M. D., OF LAMBERTVILLE.

Nervous Disorders of Women.

In treating of the different varieties of nervousness, which will be the subject of my remarks, I do not wish to intimate that they belong exclusively to women. Occasionally we meet with them among men, but not to the same degree of intensity, and in most of these cases we generally find that the nervous system is unevenly balanced, owing to excesses of one kind or another, which cause them to be susceptible to either of the different forms of nervousness.

In women these disturbances of the nervous system are often of a very troublesome nature to deal with, especially in hysteria, in its different phases. Often are practitioners annoyed, in treating them, at the amount of stubbornness encountered; so much so, that at times many of them find themselves, as it were, unconsciously violating the third article of the decalogue. In these instances the cases are so vexatious that patience almost ceases to be a virtue.

In the whole mechanism of the human frame there is no part so mysterious and intricate in its character as the nervous system. For the progress that has been made in our knowledge of it we are indebted to Sir Charles Bell and Dr. Marshall Hall, who first called the attention of the profession particularly to its physiology: to the former for discovering, by various experiments, by careful and extensive dissections, that the nerves of sensation and motion are entirely distinct; and to the latter for unfolding the mystery of the reflex action of the spinal cord, thereby showing how certain functions of

the body are performed independently of any voluntary action. These important discoveries gave an impetus to the study of the nervous system, and by the diligent investigations that followed, rapid strides have been made in a better understanding, not only of its physiology, but also of its pathology.

By the discovery of the reflex action of the nervous system many peculiar pains of a somewhat obscure and local character have been accounted for, and a greater degree of accuracy obtained in the diagnosis of irritating causes. Our knowledge of inflammatory diseases, whether acute or sub-acute, of certain organs of the body, having become more definite, we are beginning to understand better how it is in certain cases that affections of the nervous centres are so apt to follow. This being the present condition of neuropathology, and it being quite evident from the showing of statistics that the prevalence of nervous disorders is greatly on the increase, it is not to be wondered at that their investigation has now become an important and special branch of medical science.

Among women we find a majority of neurotic sufferers, and it is the object of this paper, as before stated, to treat of some of the nervous derangements as affecting them. I will dwell on hysteria, myalgia and cephalalgia, giving what observations I have made in regard to them, examine into their inducing causes, and briefly discuss certain points in their therapeutical treatment. Although these affections are not of a grave nature, yet I have thought them suitable topics for discussion, on account of their annoyance and frequency of occurrence.

Hysteria, of all nervous affections, is the most peculiar in its characteristics, on account of the various phases it assumes; among them the simulation of different diseases, and the tendency it has in certain instances of making real

disorders of the system. On account of the frequency of its occurrence among women and of its rarity among men, the earlier pathologists were led to conclude that the originating cause was some derangement of the uterine system, from which fact the name of this affection is indebted for its Greek derivation.

Neurologists entertain different views as to the nature and causes of hysteria, which is owing to the various morbid phenomena it embraces, and their anomalous characteristics, but all agree that they are due to a state of emotionalism produced by certain causes. There are several theories advanced as to the nature and source of these causes. According to some, especially the older authorities, this state of emotionalism has its cause entirely in an abnormal condition of the uterus and its appendages. With others, certain modifications of the reproductive system, in connection with a perversion of what is called the aphrodisiac force, or as Meigs styles it, the sixth sense, is considered as the influencing cause. Again, with some it exists in a morbid state of the cerebral structures. And lastly, it is held by Dr. Tilt and many others, that there is a predisposing condition on the part of the nervous system, arousing the emotions, having an eccentric cause, and which is produced by some ovario-uterine or other visceral disturbance. This last view, if carefully considered, seems to be more correct and tenable, more in accordance with the latest developments in neurology than any of the others, and also gives a better ground for explaining the various and peculiar hysterical phenomena.

In a majority of instances there can be no doubt that ovario-uterine disturbances exert a powerful effect in so impressing the cerebro-spinal and ganglionic nerves as to make them instrumental in causing an undue activity of the brain as to arouse the emotional faculties to such a degree of intensity

as to impress "the whole physical, intellectual and psychological nature of the subject," in the production of convulsive paroxysm, the globus hystericus and other forms of nervousness, and also the simulation of various disorders of different organs.

But it is not altogether by disturbances of the sexual system that hysteria is instigated; it also arises in certain cases from an unhealthy condition of other organs, particularly the liver and stomach, providing the nervous system is in a predisposing condition to be impressed by the irritation produced. But these cases are rare in comparison with those originating from an ovarian and uterine source. However, there can be no questioning as to their occurrence under circumstances of of the kind, for we have, I think, clear proof in substantiation of this assertion. Dr. Tilt, for one, says he has seen repeated attacks of hysteria brought on by biliousness, and their recurrence prevented by measures best calculated to prevent biliary derangements. Others have had the same experience. I have in my own practice seen cases of the kind, and have obtained the same result in treatment. We have also reports of cases in which the attacks were produced by irritation in other organs, but they are of such rarity as to make them an exception to the general rule. We may also place in the same class as to rarity those cases in which the symptoms are brought on by the predisposition itself without any exciting cause, and where there is emotionalism of a highly intensified order.

The results of the investigations and observations made in neuropathology do not seem to verify the views of those who are of the opinion that hysteria is altogether symptomatic of a morbid condition of the cerebral structures, without any other irritating cause in any of the viscera. For the symptoms of hysteria are so characteristic and easily discerned in

diagnosis, it would seem almost impossible to mistake them for those produced by cerebral irritation. In connection with this we must take into account the fact, that autopsies have been performed on several, who in their lifetime had been subject to hysteria, even in its most aggravated form, and no lesion, nor anything of an abnormal nature, could be detected in the brain structure.

It may be true in a number of cases that the hysteric condition is established by the influence exerted by a perversion of what is called the aphrodisiac force, together with certain peculiar modifications of the reproductive system; but I maintain it is not so in a majority of them, as Meigs and others would lead us to believe. For, according to their theory, we are to take for granted, in every case of hysterical manifestations, that this perversion of the aphrodisiac force, or in other words the force of lust, is the exciting cause, and if this were correct we would have to look upon every hysterical female as being more or less immoral, which, fortunately, is not borne out by the general history of cases.

Nearly every physician finds in practice this affection as prevalent among females who are moral as among those who are immoral. Purity of character and morals do not make any difference. The intensity of the paroxysm and other manifestations are the same, whether the subject is chaste or unchaste. To say the least, the inculcation of a theory like this is insulting to true womanhood.

A strong argument in refutation of this view, is that the hysteric condition has been known to continue at the menopause and for a long time afterwards. Dr. Tilt, in his work on the "Change of Life," gives statistics in proof of this.

The estimation placed by most of the older authorities on a morbid condition of the uterus as a necessary cause of hysterical phenomena is perfectly absurd, as can be clearly

shown from the history of uterine cases, from which we find that the number of patients is rare, in comparison, in whom the hysteric state exists with any disease of the parts.

In addition to what has been observed in regard to the different theories advanced as to the rationale of hysteria, I would mention as one of the most notable features in those who are subject to this affection, the peculiar sensitiveness and delicacy of their nervous organizations as shown by their restless, excitable disposition, exalted imagination and frequent exhibitions of ungovernable temper.

I have thus endeavored briefly to give my views in reference to these theories, to account for the deranged state of the nervous and circulating powers in the hysteric subject, not deeming it necessary to enter fully into the discussion of the various phenomena.

It is an undeniable fact that there are many practitioners who set down as hysterical any peculiar ache or pain or other symptom of nervous disorder women may complain of, apparently taking for their motto "*omne ignotum pro hysterico*," which Tilt very appropriately quotes in his work on "Uterine Therapeutics," and in doing so they do not take into consideration whether there is any connection between these symptoms and those dependent on emotionalism. Among the ailments apt to be confounded are those belonging to what Dr. Inman and others have termed myalgic, and which have reference to certain morbid conditions of the muscles.

To distinguish between the many painful affections of different portions of the trunk and limbs, to discriminate between those produced by debility, fatigue and enervation of vital force on the one hand, and those produced by emotionalism on the other, is, in many instances, attended with difficulty. But a proper understanding of myalgia will obviate many hindrances to accurate diagnosis, notwithstanding there

is a degree of indefiniteness as to the peculiarities of the symptoms classed under this term, and of their complications at times with hysteria. To examine thoroughly the distinguishing features in the diagnosis of both hysteria and myalgia would require more space than a paper like this will admit of.

With most authors on the Practice of Medicine there is a tendency to classify under the head of Spinal Irritation many disorders not identical in their symptoms, pathology and etiology. Often does the practitioner find these symptoms of a vague and varied nature; some are rheumatoid, others are myalgic, some again pathognomonic of true irritability of the cord, and others of general nervous debility. But the most frequent belong properly to myalgia, a term invented by Dr. Thomas Inman, of Liverpool, who has very clearly shown its appropriateness and applicability to most of the symptoms supposed to be instigated by spinal irritability.

Myalgia, like hysteria, is chiefly observable among women. Its pains are in reality neuralgic, and in many respects varied, as, for instance, they closely resemble, in some cases, those produced by muscular rheumatism. These pains are not confined exclusively to any particular set of muscles, for some are more affected than others. We find the muscles of the abdominal walls more susceptible to them than those of the thoracic, and both together than those of the extremities.

It has been said that the involuntary muscles are as liable to them as the voluntary, but we have nothing conclusive to show that such is the case.

In regard to the special features evinced in myalgia, the pain or soreness is generally found not diffused in a uniform manner, being greater either at the origin or insertion of the muscles, or at the union of the tendinous and muscular fibres, the tendinous parts being more generally affected than the fleshy.

This soreness or pain is undoubtedly indicative of a disordered condition of the sensory nerves, so that myalgia may be regarded as muscular neuralgia. We do not see how any other view can be accepted. But it is contended that there are difficulties in understanding its nature. Dr. Inman himself, in his work on "The Restoration to Health," says: "I do not know a more difficult subject, in the whole range of medicine, than that of myalgia." For my part I do not see why it should be so; for if we carefully examine its peculiarities, take into consideration the relationship of the different nerves, especially their minute peripheral branches, and the plexus formed by them, to the muscles, and the influence they exert upon each other, we will have no trouble in overcoming any supposed difficulty, although we have already stated there is some degree of indefiniteness as to the characteristics of myalgia, but they do not give reasonably sufficient grounds for Dr. Inman's assertion. For in the human organism, it must be remembered, every exertion of the muscles in labor is attended by a corresponding strain on the nervous system, which is in proportion to the amount of work performed.

In the excessive exercise of any muscle, pain will oftentimes be induced, either in one portion or another of its structure, which is owing to the irritation of the filaments of the peripheral branches and even of the nerves themselves.

Not only debility from fatigue is apt to induce this condition of things, but also the debility originating in a morbid affection of any of the viscera, or any other portion of the body which has the effect of increasing unduly the waste of tissue, and a lowering of the vital energies. In women this is strikingly illustrated in many of the ailments peculiar to them, in exhausting uterine diseases and prolonged lactation.

On making an examination of gynecological disorders, we will find that the constant drain produced by most of them,

as, for instance, in menorrhagia, leucorrhœa or uterine catarrh, and on the other hand when the uterus, as in amenorrhœa, does not perform its proper function, the whole muscular system is more or less affected. This also happens to those having a strumous constitution. Indulgence to excess of any of the passions will have a similar result.

The enervation of the system by these causes must be deleterious to the processes of nutrition, so that the muscles are susceptible of becoming "preternaturally irritable from deficient quantity or defective quality of the blood circulating through them," and which irritability is nothing more nor less than the excitability induced in the censory nerves.

These myalgic derangements in women being more frequent than in man, are owing principally to her delicacy of organization. As a general rule she has not the same amount of endurance as to be able to bear up under fatigue nor the debilitating effects of any exhausting ailment, so that many of the pains she suffers from, the back-aches, distress in the lumbar regions, mammal, abdomen, *et cetera*, are myalgic in their character, and are indications of a relaxed condition of the system, which in a majority of instances is brought about by one form or another of uterine disease.

Myalgic pains must then be regarded not as symptomatic of spinal irritability, but of a combination of muscular and nervous derangement, indicating the want of mutual relationship between the muscles and the nerves supplying them, and also of a certain morbidness of the nerve centres, which pains derive their origin from the enervating influence of disease and fatigue.

Among the many symptoms practitioners have to deal with none are more annoying and seemingly capricious than those classed under the term cephalalgia, the next and last topic to which I invite your attention.

These symptoms belong either to morbid affections of the general system, of certain of the viscera, or of the cranium itself, on account of which they are by several writers classified according to their dependence, as those induced by a derangement of either the circulating, digestive or nervous systems, and are denominated, according to their causes, as plethoric or congestive, sympathetic and nervous headaches. But the last is the suggestive term used by a majority of the profession, for most of the cases met with, excepting some of a dyspeptic origin, and considered under the title of sick headache. But, even in most of these cases, I think the term nervous may be very appropriately applied; for we will find that the cerebral pains have preceded the dyspeptic symptoms, and are not relieved by their removal.

The terms "nervous" and "sick headache" will, however, cover most of the cephalic troubles of females, who suffer more frequently from them than males. Their susceptibility, both mental and physical, is such as to cause them to be easy victims of these affections, as I have shown to be the case in those already discussed. The period in which they evince the greatest susceptibility is from puberty to the menopause.

The nervous form is the most frequent. We must consider that several of the sympathetic and even of the congestive forms are also, in no small degree, nervous in their nature. In those who are subject to them, we will find that they are either delicate or have an undue development of the emotional faculties, which exerts a baneful influence, as manifested in the production of those cases of nervous headaches, called hysterical, and which are easily distinguished by their sudden appearance, accompanied by the usual hysterical symptoms, as pain in the abdomen and the globus hystericus.

As the delicate nature of the nervous system in woman causes her to be readily affected by any kind of irritation,

and knowing, as we do, the great prevalence of uterine diseases and of their effects on the general system, I am inclined to the opinion, that most of these cases of nervous and sympathetic headaches have their primary cause in some morbid condition of the generative organs. The reason I have for this belief is the well-known fact, that in nearly every case of uterine disease there exists more or less headache, and if there is at the same time considerable derangement of the stomach, which has been induced by the uterine irritation, the cephalic pain increases in ratio according to the amount of nausea.

As sick headache, which in a majority of instances is so similar to the nervous type that it may very properly be considered as such, presupposes an abnormal condition of the digestive functions, so that in very many cases the stomach disorder may only be secondary, while the primary cause exists in the uterine system. Having then good grounds for believing that this explains, in some degree, the rationale of many cases of this kind of cephalalgia, we must not in our treatment underrate the importance of the uterine disturbances, and of their influence in promoting gastric derangements.

In chronic uterine disease, in many cases of malposition of the uterus, and especially in chronic metritis, and sometimes in obstinate leucorrhœa, we will observe patients complaining of a peculiar form of headache, located on the top of the cranium, which is more of a dull aching character than acute and throbbing, accompanied by a feeling of giddiness and also of drowsiness, together with a certain amount of intolerance of light and sound, also considerable mental depression, evidently due to a lowering of the nervous energies and of the effects of irritation on the whole system. At times this form in many of its symptoms bears a strong resemblance to the congestive variety.

I do not wish to convey the idea, in thus dwelling on the effects of uterine disorder as among the primary causes of nervous and sympathetic headache, that I am underrating the importance of other causes. But what I do mean, is that we do not attach sufficient importance to these influences, for there is an evident tendency on the part of many of the profession, in diagnosis, to overlook uterine disturbances, and if they do not attribute these cephalic symptoms to general debility, they are very likely to regard them as solely dependent on some digestive or hepatic origin.

There is also an inclination, at times, to consider many of these symptoms as hysterical, when, in reality, they are not, although there may be present a certain amount of emotionalism, and the exciting cause some uterine disturbance, yet the symptoms are not sufficiently well marked to warrant us in so classifying them.

The irritation of the mammal, either from morbid growths or from over lactation, is also another exciting cause, which should not be overlooked. In nursing women, we find that any excess in lactation is sure to be followed by more or less cephalalgia.

Megrims and Brow-Ague, periodic forms of nervous headache, in their frequency among females are nearly the same in proportion to the other varieties. They are induced, in a measure, by the same causes, together with those of a malarial character. The latter are evident from the periodic nature of the symptoms, and of exposure to miasmatic influences.

In regard to the other varieties of cephalalgia, I do not think it necessary to enter into any discussion as to their nature, for they are not the same in frequency of occurrence and annoyance as those already considered.

In thus giving my views as to the nature and causes of the various symptoms we have been considering, I have endeav-

ored to be as concise and clear as possible in discussing their rationale and idiosyncrasies. In accounting for them, I have dwelt on their several causes, both specific and general, making in several places particular mention of the effects of certain morbid conditions, incident to woman's separate organisms. But there are general causes, as the want of fresh air, out-door exercise, too close attention to in-door and sedentary occupations, the many unnatural customs of civilization, and a luxurious mode of living, together with the wearing of certain fashionable styles of costumes which seem contrary to nature, and can very appropriately be called upholstery rather than dress. The pernicious and enfeebling effects of each are so well known to every practitioner that it seems superfluous to discuss them, especially in the narrow limits of an essay.

It is not my purpose to enter minutely into the question of treatment. I have nothing new to offer, and besides, I suppose every one of you, particularly the older members, have your own ideas as to the best plan to be pursued in the treatment of each affection. To call your attention to certain therapeutical facts will suffice.

First, the great importance of the bromides in controlling irregular nervous action, which the recent experiments and researches in pathology and therapeutics have demonstrated as efficacious in this respect. In hysteria and cephalalgia, their use, especially the bromide of potassium, is of inestimable value, and which is also the case in certain myalgic conditions.

Next, the practical utility of a tonic course of treatment cannot be questioned, as the use of either of the ferruginous preparations, quinine, strychnia, the phosphates, even of phosphorus itself, and of others that might be mentioned. We have in these cases to deal with a more or less debilitated and deteriorated condition of the system, and in order to

overcome any irregular nervous action which must necessarily co-exist with this state of things, we must correct this deficiency of vitality by the use of tonics, and of corroborating measures.

Lastly, the apparent want of sufficient discretion on the part of many practitioners in prescribing alcoholic stimulants to those who are predisposed to attacks of hysteria, for the purpose of overcoming alleged weakness, whether real, or nervous and unreal; doing so without any regard to results. They do not take into consideration the uneven balance of the mental and emotional faculties in the hysteric subject, and the want of a proper control of the Will. Through these defects and the indiscriminate prescribing of alcoholic stimulants many a woman has acquired habits of intoxication. What benefit, I may ask, do we obtain in many of these cases from such a course of treatment? None whatever, of any real value; the result is nearly always the same, "miserable, subsequent depression, and aggravation of all the causes of suffering."

We cannot, I contend, be too guarded in prescribing alcoholic stimulants in emotional nervous disorders; nor too mindful of the consequences and of our own responsibility.

PROFESSIONAL ETHICS.

BY EZRA M. HUNT, M. D.

Periods of intense inquiry or of actual progress in any department of learning, always give rise to ethical discussions as well; and amid our scientific investigations it may be proper, also, to examine a little into what should be the present ethical status of the medical profession.

The word ethics itself, at the outset of such a discussion, deserves examination in order that we may the better appreciate it, in its application to a special profession. It is well to remember, that both in derivation and in actual significance it is a synonym with the word from which our term "morals" is derived, and not only philologically but practically the two are intimately associated. The idea which first of all must be the ply into which professional conduct is interwoven is, that ethics has its foundation not in a set of arbitrary rules, but in a moral sentiment; in that principle which comprehends conduct to be an outgrowth of character; in that morality which is defined to be "the customary rule of right and duty between man and man," and so has to do with human actions as "virtuous or vicious, right or wrong." So, whether we use the Greek word "ethics," the Latin "morals," or the English "customs" or "manners," it signifies that bearing which is rightly due from one man toward another.

There are, therefore, to us, two departments of ethics: First, that which inheres to us as men, as gentlemen, independent of any professional relation; and second, that which

relates to us by virtue of our profession, and the special questions it suggests, and the special duties it involves.

As to the first, that which relates to us as men, independent of our profession, we have here but little to say. We only know that the ethics of the true gentleman must be something deeper than the mere culture of society, however desirable that may be. It must have its basis in a perception of what is right and due between man and man, in that unselfishness which ever strives to weigh another's rights in the same balances by which we would adjust our own, and which, seeking after right feeling and right judgment, knows how to recognize and exhibit due consideration for others as well as for ourselves. 'Tis true, this of itself is one of the highest attainments, both of intellect and heart—a sum of expressed Christian virtues; and with all the human there is about the most of us, it is not surprising that this department of our ethics is not altogether perfect.

And it is because all ethics of any class or profession presupposes this basis, and yet by reason of the imperfection of individuals as to right feeling or right reasoning or right modes for expression, fails as to this substratum, that every ethical question, besides its special difficulties, is often involved and obscured by fundamental embarrassments.

It is in vain to attempt to elaborate a code of ethics to be subscribed to by a physician, until he has adopted the code of ethics which belongs to him as a man.

No code of professional ethics is ever to lead us to lose sight of this, or to regard it as in any way superseded, compromised or altered. It is because all true codes of medical ethics are intended in their practice to pay full regard to this first code, and really to constitute its application to details that they are to be defended and obeyed as not arbitrary or conventional but essential; as part and parcel of the character and propriety of man in contact with man.

Our design, therefore, in these remarks, is to show what practices of professional ethics is in accord with, and gives expression to, this former definition.

In our professional relations to each other, the common consent of the profession has decided, in accord with the general law of ethics, that first of all it is due to each other that our professional status be known. Hence, in settling in a place, we call upon the regular established physicians, acquaint them with our credentials, and inform them of our intention as to settlement. In a city where it is impracticable to call on all, the same result is accomplished by calling on some one member of the District Society, or acquainting him with our intent, and by early presenting to the local Society credentials for membership. This precisely corresponds with letters of introduction as used by us in entering a new community, and is a part of that right which our profession has to know something of our claims to recognition. It is the corresponding duty of physicians already resident, to receive such a one in the spirit of a true courtesy, to the extent of recognizing him as an authenticated member of the profession, and of extending to him the common civilities of a gentleman.

As one engaged in the same business with us, we are not under any obligation in any way further to aid in introduction, but nevertheless are to show that generosity of rivalry which excludes any means of interference which would be unlawful in other vocations. We do not prescribe for a patient under the care of another practitioner, for the same reason that we would not take a case in law while under the charge of an authorized attorney, or a school while another principal was over it, or act as the official attendant of any person while the real attendant was still in employ. In these and many like cases our conduct is ethical in its broad sense, and not a specialty; and we act as we do, because we owe allegiance to the

great common law of deportment—of ethics which has its foundation in morality and high-toned character.

If we keep this class of cases distinct from those that are special, as applicable to any guild or profession, we shall find that many questions are readily decided outside our particular code, or if left undecided or disregarded it is not because of imperfection in the professional code, but for want of subservience to the general code of a real gentility. So long as men are governed by passion or selfishness there will be breaches of this kind of ethics, which are really out of the domain of any special ethical legislation.

There are just now, perhaps, four special questions of ethics involved in our profession, about which it is important to have definite views, or which are at least worthy of careful discussion:

I. What is the duty of regular physicians as to medical societies.

II. What is our duty in reference to practitioners of different faith and practice from us?

III. What are our privileges as to advertising, or in general as to the management of our profession as a business?

IV. What is our right relation to patent medicines or instruments, and to dealers in or venders of the same?

We believe, first, then, that it is due from all members of the regular profession, that they should be members of some District or County Society, and have thereby relation to the medical men of the section in which they reside. This kind of consideration seems due from one physician to another, because experience has shown that association has a tendency to maintain the morale and courtesy of members of any profession. Just so soon as you see the standard of any science

elevating itself, or of any art, we see a tendency in its votaries to segregate, not only for discussion and comparison of investigation and experience, but for acquaintance; and we maintain that in all healthful medical advance the same feeling is apparent. That graduate of regular medicine, who is willing to stand aloof from societies in which his brethren are mingling, in almost all cases is not only withholding his influence from an approved method of advancing our calling, but is lowering his own standard, is encouraging personal exclusiveness, and fostering a spirit inimical to the welfare of the body of medicine and its ethical rules. We are aware that local causes may exist why some particular neighborhood society may not seem promotive of good feeling or to awaken scientific interest, but more frequently we have found jealousies and petty rivalries to diminish with such association; and now and then a virulent exception by no means nullifies the statement. We would give to practitioners such liberty of choice as that they may belong to the County Society of their own county or of any adjacent county, but we do believe that the ethics of our profession is greatly conserved by such association; that those standing aloof are not as ethical as they should be; and that we should all encourage a full membership of these societies in all parts of our State. When questions of difference arise, they are to be met with that courtesy of debate and forbearance of feeling which belong to us as gentlemen and as physicians, and when the misunderstanding seems flagrant, it should calmly be referred, as suggested in the code of the American Medical Association, to a kind of jury of our peers without the arena of excitement, and their conclusion should not only have the force of an opinion, but of an ethical decision.

Second. As regards our duty to practitioners of a different faith and practice. The question in some regards seems to

decide itself. Those who come under the class of homœopaths, hydropaths, electrics, eclectics, et cetera, claim to hold different views from us, both as to the theory and practice of medicine. They are of different faith and different practice. If the design of a consultation was to ventilate our medical views for the benefit of each other, then, on the ground that inquiry and free discussion tends to elicit truth, a defence for this kind of conference might be framed. But there are plenty of other opportunities for this, and of all places the ante-chamber to a sick man's room is the unfittest for such discussions. In order to give the special patient any benefit from a consultation, there must be some agreement as to premises, as to the bases for reason, and some conformity as to belief, and then the comparison of judgments may be of advantage; but where persons recognize themselves as disagreeing in fundamentals, both as to the significance of symptoms and the relations of remedies, there is no basis for conference beneficial to the case in hand. And hence consultation in such circumstances is a disregard akin to a disregard of the laws of primary belief: is a fraud upon the patient, even if in his ignorance he permits it, for his design is such conference as will direct treatment, and not merely to bring together things organically incompatible, in order to detect the actions and reactions.

Yet because some society, like that of Massachusetts, attempts to exclude from its communion those who thus affiliate, it is called exclusive or bigoted. As well might you talk of bigotry, prejudice and exclusiveness when a Protestant does not invite a Mohammedan to his pulpit, or exchange with a Rabbi alternate Sabbaths. It is not because they may not feel kindly toward each other personally or have some views in common, but the very doing of the thing is a letting down of principle by which both parties forget

self-respect, and, worse than all, forget that respect for beliefs, for convictions, which is at the foundation of right practice in medicine as well as in religion. When a system which has been elaborated through the centuries, and upon which science and art have combined with intellectual enthusiasm, and with the rigidest methods of investigation, is willing to indulge in wedlock with that which proclaims itself, and is diametrically opposed, be assured that true affection for our principles has degenerated into license, and bastards will be born. Call it bigotry, or prejudice, or exclusiveness, if you choose. So let it be. A man or a profession with a principle, tested both by reason and experience, is not worth a straw if not exclusive when a system comes along, which, claiming to be utterly different, is willing to be co-partner. Error always accuses truth of being exclusive in a bigoted sense, when it is exclusive only in a nobility sense, because it is the legitimate business of truth to exclude error.

Even the Homœopath, if he is sincere and believes the truth of his system, ought to decline a consultation as both irrational and impracticable, as ethically because morally impossible, and not doing it is a tacit confession that his doctrine and practice, although so different from orthodoxy, are not sufficiently established to stand upon the claimed difference.

It is not wonderful that the laity should not see the incongruity, for they have not studied the science, and have seen only enough of practice to arrive at conclusion from a few cases; and it is not wonderful that the physician, who has not a well-grounded faith in his profession, should be willing to confer with some dogma or new creed. But for one who is convinced that the science and art of treating disease is represented by the medical profession known as regular, to affiliate with those who utterly ignore its status, is demoralizing in the extreme, and ethically wrong, because unprin-

cipled. It is a violation of the code of ethics of our profession, because it is a violation of that law of morality which requires that as intelligent and honest supporters of a vital system, we should not hold communion with another system inconsistent therewith. So only can right distinction be maintained; and such ethics is not a law of arbitrary etiquette or an outburst of uncharitableness. It is not the question whether Mr. A. of some other "pathy" seems like a nice man, or has some correct views, or whether Mr. B. is willing that you should consult with him over his case, but the true question is, whether it is right to break the law of ethics, which is a law of morals, of principle, of character, viz., that we cannot harmlessly or innocently put true doctrines in wedlock with false ones. The offense is not merely a technical wrench of an exterior formality, but a material, fundamental removal of that line of demarcation which, so far from being imaginary, even so much as an equator is a true segment of that broad cable-rope which forms the boundary between truth and error, between shipboard and sea-billow, and which, when let down, lets many a well-meaning soul walk overboard.

We do not say that a case may not arise where the emergencies of a particular accident do not justify a temporary waiving of this ethical law, for all laws have rare individual exceptions, but we never should let a particular case weigh down a general principle, or forget that charity for all humanity requires punctilious regard to an ethical law, and we should ever use the exception as an occasion to vindicate the law, and justify ourselves in the seeming modification only by the most apparent reasons. In fact, in such a case, it is the law itself that justifies the exception.

The duty is clearer in reference to our profession than most others, because not only are the views of these other schools

of practitioners opposite but subversive, and they practically make their notoriety by affecting a despising abhorrence of the old practice, as they call it, with its fearful doses and antiquated notions. Practically, this is the stock in trade of empirics, and is so characteristic as to be the common property of those who charge upon the people with the grape-shot of infinitessimal specifics, the sparks of full batteries, or of any of those who push some one remedy to panacean extremes.

We are aware that now and then some man of real medical worth, whose heart is full of kindliness and whose mind is more impressible by a case in hand than by the deep rythm of a great principle, yields and justifies himself by circumstances. Very rarely is he right; often deceived in himself, his own interests were the real cause, or his kindness gets the better of his judgment, and yielding to the pathos of a touching case in imaginary individual duty, he slaughters a principle by which the material interests of society are jeoparded.

Never let the public accuse the doctor who will not professionally unite with those whom he regards as errorists, of being narrow-minded.

It is broad-mindedness and moral heroism and heart-truthfulness, all, when a man resists temptation to such a course, and sustains the public interest and the ethical law, often to his own known disadvantage at the time. He is vindicating the correctness of a system which, with its advances in the last ten years, has made a broad stretch between science and error, and shown that philanthropy requires of us that we should protect the invalid from falsities he cannot test, and blandishments he does not understand.

The circumstance sometimes occurs in cities that a physician is placed on a board of health in connection with a physician of another practice. In general he occupies his position not as a physician, but as a citizen, supposed to be more intelli-

gent in sanitary matters than most, just as a druggist might be. We regard this as entirely a different question from that of consultation in which the relation is purely professional, and different from a position on a hospital staff where again the duty is purely medical. In the first case, the action depends very much upon how far the association is made professional, and upon contingencies which may arise. Whenever it appears that the ethical law is compromised, the association cannot be vindicated; but generally the decision must be left to the private judgment of the individual; and it is not a case for society action.

We next inquire what are the privileges of the physician in the management of his profession as a business? It is to be remarked that medicine must be recognized not only as a science and an art, but as a vocation, and as such it has its laws relative to its adaptation to society as a means of livelihood. It may seem very dignified to wrap the drapery of our high profession all about us and lie down to pleasant dreams, but this does not pay baker or tailor, or make provision for family support. Business success is a part of professional success, and it is a pressing question how this business shall secure a livelihood. It is all the more complicated because we live in an age quite different from that of the average successful men of fifty years ago. Before shopkeeepers advertised, and while all business men waited for customers with dignified ease, it was not at all difficult for the doctor to put up just one sign, and expect the public to deem it a great favor that they could be allowed to enter his office and make known their ills. Now, the merchant prince has his runners, the machinist his patents, the artist his exhibitions, the author and the lawyer their legal and artful methods of making trade, and even many a minister somewhat of artificial method for making impressions: and in these days

when of all other callings ours is easiest counterfeited and is hardest beset by rival pufferies, it becomes a very important question what the doctor is to do. Shall he alone of all mortals discard present methods of business, and fall back on antiquated customs? Shall he, if he has concentrated his time on some specialty, instead of spreading himself very thin over the whole continent of medicine, be denounced because he puts up a sign announcing himself as aurist, or surgeon, or orthopœdist? If he advertises his preparation for business, shall he for that be called a charlatan, or be accused of unprofessional conduct, when he really has the merit he claims?

Questions such as these are practical, and must be met with the great law of ethics in hand, and be answered in strict subservience thereto, and not in stilted adaptation to artificial formulas.

We confess to the view that in these matters there has been the squeamishness of a false modesty in the profession, and we regard some of the rules insisted upon as purely arbitrary and technical, while others, which are merely questions of good taste, or for private judgment, are too often claimed to be such breaches of ethics as to be subjects for discipline. We have never seen a reason why a physician, settling in a place, should not issue a modest card, or circular, or newspaper notice, stating his time and place of graduation, and, if he choose, giving the names of two or three physicians to whom he may refer. Such a course is neither boastful nor intrusive; and so far from being an injury, would help to draw a real line between those who come without right qualification and those duly authenticated, and the public would learn better to distinguish between regular and irregular practitioners. This by no means defends any immodest introduction, any more than the usual letter of introduction which one seeks and uses is an excuse for a flaming hand-bill or a brazen puff.

Where, again, a physician chooses some specific branch of the profession, and concentrates himself upon it so as conscientiously to perfect himself in it beyond what is possible to the profession in general, we see nothing the least immodest in a sign announcement of that specialty or a simple advertisement of the same. The matter may be discussed as a question of taste as to the extent to which it is carried, and he may push it too far, just as in any business, energy may become intrusive, and self-announcement transcend the limits of decorum. What we claim is, that the thing itself, within proper limits, is not unethical in the real sense or in regard to the organic law of propriety. It is far less questionable than certain occult arts and insinuating practices which obtain too much among certain smooth regulars, and from which the profession suffers somewhat. We recognize the fact that the limits allowed to a profession are naturally less broad than those accorded to a mere trade; but we should be careful not to contend for laws which neither the law of ethics or the good sense of society will sustain, or to make that a disciplinary offence which is merely an exercise of fair liberty. It is to the advantage of every profession scientifically that it be sustained pecuniarily, and all legitimate and ethical means should be available to make it as a businesss successful over all rivalries.

In reference to patents and patent medicines, and to dealers in and venders of the same, what does a proper ethical code require? Here again we have to say, that where an inventor invents an apparatus which proves to be new in principle, or in the application of a principle, we see no reason why a benefit therefrom should not accrue to the inventor. This does not increase unduly its price or make it exclusive; but rather governments have found it to public advantage as well as private right, thus to protect the inventor, and the ultimate

effect is to distinguish between shams and real benefits. A prominent New York physician recently said to me, that a speculum invented by him, and fully appreciated by those who used it in its right forms, had been so utterly misshapen by divers instrument makers as to be often a mortification to him, and yet for fear of adverse criticisms he had not patented it.

In reference to patent medicines the case is wholly different. The vender of a patent instrument does not in any wise ignore the necessity of medical skill, for a patent does not put it any more into the hands of the laity or make the thing a secret. But when a medicine is patented, it is assumed that the patient himself is capable of treatment. The diagnosis and prognosis are alike on the bottle, and it wholly ignores that careful training and personal examination which alone can adapt treatment to the particular case. A patent medicine is in its very nature subversive of the theory of medical science and the design of medical art, and as such is not a question of taste but an organic breach of ethical law. When a physician patents an instrument he merely offers it to the profession as a tool to be tried by them, without secrets, but only protected as to its authorship; but when a man puts up a patent medicine, it is as a secret compound to be used by persons without medical advice. It therefore attacks an ethical law of the practice which recognizes skill in administration as well as skill in combination, and that disease is not to be treated by mere name or resemblance, but by an analysis of each case. It assumes the possibility of combining a medicine suitable to cases in which there has been no skillful diagnosis of the disease. All this is made more flagrant by the fact that the mode of vending has so much in it of the nature of swindle, that the advertisements are specimens of the extremest burlesque on temperate and appreciative com-

mendation, and that examination into the past history of such like medicines has shown them either worthless or not of value adequate to their cost.

The manufacture and vending of them partakes so much of the nature of illegitimate trade that their authors either use feigned names or suffer in public opinion by the association. And to us it seems one of the most prevalent and questionable breaches of ethics that we give special patronage to a class of men who are as diligent in selling all sorts of patent medicines as they are in putting up our prescriptions, and even wrap up our very bottles and boxes in some patent puff. Worse still, we enrol as members of our medical societies, physicians engaged in this very business. They are, many of them, noble men, who would not intentionally do wrong, and I am far from looking down upon them, for I consider we are *particeps criminis*, almost to the equality of principals, or at least accessory before the act, and so ethically fully as responsible as they. And to my mind this is the greatest ethical degradation which we are guilty of in this day, and more is done for patent medicines, and so for irregular practice, by physicians and druggists than by all others combined.

It has long been clear to my mind that our profession should distinctly throw its influence with such druggists as throw their influence against the patent medicine system, and that we should recognize a dividing line between pharmacy and that mixed business of drugs, patent medicine agents and nostrum advertisers, just as we do between regular physicians and the great army of prescribers. If physicians in our larger cities would combine to this end, they would initiate an ethical and moral reform which would greatly elevate our profession and still more grandly subserve the public health. One feels abashed in presenting a bold front as a model of ethics, when

the men to whom he is chief patron in medicine makes his largest profits on those secret compounds whose signs are most prominent in his windows, and the use of which ignores the practice of our art.

We have advanced these views on ethics because, from what has occurred in the American Medical Association and in some State Societies, it is evident that we are needing to define or to discuss the true ethics of the profession, and we may do this all the more readily because the progress of our profession in the last few years makes all the more apparent to us the boundaries between empiricism and orthodoxy, and renders practicable that self-assertion which is not bigotry, but which is ethically because morally due in order that the false and illogical may not get any wardrobe from us in order to put in the appearance of decorous regularity.

We have not desired to speak in any declarative way, nor with tenaciousness of preconceived opinion, but rather to present such views as seem to us tenable. We believe, at least, that more thorough examination of the subject from the stand-points named will be promotive of the true etiquette of our profession, and that by seeking more definiteness and uniformity as to our ethical views, we shall benefit our calling not only in *esprit de corps*, but in all that pertains to its material advancement and practical usefulness; for ethics is not a dress-parade question, but has integral relations both to the welfare of the profession and the common interests of the public whom we serve. We are ethical because we are on duty and on the march after disease, and need the drill and decorum of a well-equipped corps, and need that stragglers and deserters be kept outside the line in order that we may do good effective service for the public weal.

REPORT OF THE STANDING COMMITTEE.

The Standing Committee report the receipt of communications from the most of the District Societies of the State. Eight of the Reporters, by promptness in the performance of their official duties, are entitled to seats as members of this Society.

In the matter of furnishing reports, the organization of the District Societies seems to be as complete as can be desired. There is, however, on the part of the members of the Societies too much evidence of a want of individual responsibility toward their reporters, which greatly needs correction. Your Committee believe that they cannot introduce their report at this time more appropriately than by quoting in full the remarks of Dr. Andruss of Sussex county, with reference to the urgent necessity of co-operation with the reporter by his associates in the District Society. The complaint which he makes is the standing complaint of nearly every report received by the Standing Committee. He thus writes: "I presume that I am in no greater dilemma in regard to making a report of health and disease, than other reporters throughout the State. But I can assure you, it is a task impossible to perform without the co-operation and assistance of the physicians of the county. One branch of our State Medical Society is for the purpose of recording and placing before the physicians of the State a true report of the causes, nature and treatment of disease. It would be as impossible for some person living in Cape May county to give a report of Sussex county, as it is for a physician whose labors are confined to a small territory in one corner of the county, to make anything

like a true report without the assistance of statistics and facts furnished by the medical men of the county. I was honored at the last meeting of our Society as Reporter to the State Society, and some four weeks ago I wrote to every practitioner in the county to send me some statistics to frame a report. Credit is due to two only. If it should ever be my misfortune again to be elected to the responsible duty, I shall direct all my correspondence to the undertaker, hoping thereby to get the result if nothing else. At the last meeting of our Society all the members expressed and manifested a great desire to have our Society give a full report; and if not done a fine of five dollars was imposed on the reporter. Quite adverse to the Irishman's description of the steam shovel, viz., 'You can shovel, but you cannot vote,' Our members *vote*, but do not *shovel*."

The year now under our review has been distinguished by a general prevalence of health. The last summer was marked by unusual heat, and the winter was long and of a uniformly low temperature. The snow which fell on Dec. 26th, by frequent additional storms remained upon the ground over East Jersey till the middle of March, and in West Jersey the amount of snow was greater and of longer continuance than for many years before. The spring has been cold, and vegetation has been retarded to an unusual degree. These meteorological conditions have been coincident with a more general state of health than the more moderate summer and the warm, open and humid winter of 1871–2. The reports upon prevalent disease have thus been correspondingly limited. In

BERGEN COUNTY,

diseases of the respiratory organs have been less frequent, with a smaller number of cases of phthisis than usual. Dysentery, which in former years was endemic and of severe

form, seldom now occurs. Scarlatina, Diphtheria and Typhoid have called for a very limited degree of professional attention. The only disease which has assumed an epidemic form was an influenza or acute Catarrh, the force of the attack being mostly spent upon the mucus membrane of the nasal passages, pharynx, and occasionally upon the larynx. It began to prevail soon after the subsidence of the epidemic of a similar nature among horses. Some insisted that they contracted the disease from their own horses. The reporter has no reason, however, to ascribe its prevalence to contagion.

The report from

BURLINGTON COUNTY,

in addition to the moderate prevalence of the ordinary diseases of the air passages and bowels, and of those more or less influenced by miasmatic causes, notices an endemic in the village of Pointville, containing about thirty families, of temperate habits and with good hygienic surroundings, elevated in situation, aluminous soil, and removed from the influence of swamps and marshes. The endemic numbered about fifty cases, sparing neither age nor sex. The course of the disease was protracted and somewhat anomalous with slow convalescence. The symptoms are carefully detailed in the report which classes it as a cerebro-spinal affection, with a strongly-marked typhus tendency. The fatal cases were few. The fever lasted from the summer of 1872 to midwinter, when it disappeared. In Bordentown, Pneumonia has been more than usually prevalent; the fatal cases occurring among the aged. In the same town Scarlatina appeared in January and February in a malignant form, proving rapidly fatal in many cases in the earlier stage of the disease. In some of the cases of the anginose form, Diphtheria supervened about the 7th day. The adults attacked recovered; the children all died.

The committee commend attention to the Burlington District report, as fairly illustrating the sympathy and co-operation of the medical men with their reporter, the want of which the reporter for Sussex so deplores.

The reporter for

CAMDEN COUNTY

Says that the general health has been above the average of previous years. The epidemic of small-pox reported last year disappeared upon the approach of the summer heat. During the summer, diseases of the bowels were common, especially among the poorly-housed residents of Camden. In Waterford, Intermittents and Remittents were common, together with Cholera Infantum and Dysentery. Typhoid or enteric fever, commencing as such from the beginning, has existed throughout the year, to a limited extent, being as frequent at one season as at another. It did not usually prove fatal.

Influenza was very prevalent in the autumn and early winter, exhibiting similar nasal and catarrhal symptoms with those of the horse epidemic, and nearly coincident with it. During the winter, Measles and Mumps were very general, so much so as sensibly to deplete the public schools in Camden.

From

CAPE MAY COUNTY,

Dr. Marcy reports an extended epidemic of the same disease, remarkable only for its completeness and mildness—old and young alike were affected, from the infant to the old man of three-score. It will be many years before another epidemic of the same disease can occur so general as it has now been. In about eight hundred cases, eight or ten only were fatal. The doctor remarks that disturbances of heart action have been common. The cause is not manifest. It put on the

form of "irritable heart," and was for the most part quieted down by rest and tinct. Digitalis with martial tonics. Old cases of organic disease, that have remained stationery for years, have been excited into new action, and those who have never exhibited any disease of that organ have been subjects of attack. None have proved fatal.

ESSEX COUNTY

Has been free from any extended epidemic. Small-pox still prevails to a limited extent in Newark. Scarlatina has appeared in various locatities, but has not proved epidemic anywhere. The same is true of Diphtheria. Cerebro-spinal Meningitis has occurred occasionally, with some fatal cases. In Orange the general health has been good. Early in the summer, during a week of very hot weather and humid atmosphere, a series of suddenly fatal cases of Cholera Infantum occurred. Subsequent to that time there was less of this form of disease than usual. Pneumonia, which was quite common during the damp chilling weather of the previous winter, was less frequent during the uniform cold of the last.

GLOUCESTER COUNTY.

In addition to the ordinary diseases of that section, among which Rheumatism and Rheumatoid affections are spoken of by the reporter as their bane and opprobrium, has been added an epidemic of Measles, wide spread, and in some instances of peculiar complication. It spared no extreme of age, and expended its violence chiefly upon adults. Previous attacks afforded no protection from a renewed assault. Fatal results followed two conditions: 1st, the puerperal state, and 2d, when complicated with Cerebro-spinal Meningitis. This

fearful affection appeared intercurrent with many cases of the disease, the history of which is detailed in the report. In

HUNTERDON COUNTY,

The reporter notices a more than usual disturbance during the summer and autumn of the nervous centres. Those predisposed became insane, and many suffered from paralysis and other forms of Neurosis. At Lambertville, Scarlatina in the anginose form and mild, appeared in February and March. Some Pneumonia, and a larger number of deaths from Paralysis are noticed. Erysipelas was endemic here in February. At Stockton there was more than the usual amount of sickness, Erysipelas and Acute Rheumatism being the more serious forms of disease, with some Scarlatina. Remittents and a few cases of Cerebro-Spinal Meningitis.

A limited report from

HUDSON COUNTY,

Informs the Committee that the diseases of the year have been of a malarial nature, and such as are incident to the neighborhoood of vast tracts of marsh land unimproved or upon a tide level. Small-pox was prevalent during the last spring and summer, to a greater extent than for many years before. The mortality, as compared with the number of cases was small. The reporter notices the erection during the last year of a large and commodious asylum for the insane of the county, which is now occupied by nearly one hundred lunatics. This institution owes its existence, by the action of the board of freeholders, to the energy and influence of a Committee of the Hudson District Medical Society.

MERCER COUNTY

Is reported as entirely exempt from disease in epidemic form. Those which occurred had their origin in the ordinary atmos-

pheric variations and the malarial influences of certain sections of the county. Dr. Deshler, of Hightstown, notices the prevalence there of a form of remittent fever of miasmatic origin, which, if not promptly arrested by large doses of quinine, became typhoid, and usually fatal. He says that the therapeutic value of drugs was made very apparent in this endemic. In every instance where energetic treatment was early resorted to, recovery was rapid, while delay was always followed by protracted and serious illness. Mild Scarlatina has occurred in the same town to a limited extent, and numerous cases in Windsor and Dutch Neck—a few proving fatal. Four cases of Cerebro-Spinal Meningitis are noticed by the doctor. In

MIDDLESEX COUNTY,

The year has been marked by an absence of any epidemic or contagious disorder. Isolated cases of Scarlatina and Variola, and a moderate amount of Pneumonia and Bronchitis has appeared. More intermittents have been seen in New Brunswick than in former years, caused by the excavations made for purposes of sewerage. A number of cases of Cerebro-Spinal Meningitis have occurred in New Brunswick.

MONMOUTH COUNTY.

Has experienced no special visitation of sickness worthy of record. Measles were very general in Holmdel, and Scarlet Fever prevailed quite extensively throughout the county, its type varying in different localities. In

PASSAIC COUNTY,

The only diseases requiring special notice are Cerebro-Spinal Meningitis and Small-pox. Of the former, which prevailed during the last spring and early summer, it is impossible to

give the total number of cases, but it was not great. The disease appeared in a variety of forms and with varied symptoms. The most constantly present of all, was rigidity of the muscles of the neck. In only a few cases was there any well-marked cutaneous eruption. It appeared chiefly among children, though no age was exempt. It occurred in all sections of the city, and in all classes of society. Its origin could not be traced to contagion or any other cause. A report of five cases by Dr. Van Geisen is furnished with the report. The reporter also gives a history of Small-pox in Paterson, with statistics of vaccination, which is commended to the attention of the Society. In

SUSSEX COUNTY,

Small-pox occurred in a virulent degree in Lafayette during the winter. In Hamburg, infantile erysipelas has appeared in quite a number of cases—some severe, and in one case fatal. In Vernon Pneumonia has been severe in the practice of Dr. Allen. So also in Sparta the cases of this disease have been frequent and severe. The reporter furnishes a communication from Dr. Ryerson, upon Strangulated Hernia, which is recommended by the Committee for publication in the Transactions.

WARREN COUNTY

Has not been visited by epidemics. The prolonged winter was one of unusual health. Pneumonia was rare; bronchial affections not numerous; and the average fatality from all causes was the lowest known for many years.

The sanitary condition of the year under review shows a moderate prevalence of Scarlatina, Diphtheria and the varied forms of fever. None of these have been severe, except in very limited localities, and the fatality has been small. Mea-

sles have been wide-spread in the Southern counties, attacking adults more frequently than usual; and in Gloucester county rendered remarkable by its complication with Cerebro-Spinal Meningitis. This latter disease is noticed in almost all the reports as occurring to a limited extent, but epidemic only in Paterson. The frequent notice of it this year is in contrast with the reports of a number of years before. Where it has occurred, the severity of the symptoms and its mortality has been fully equal to that of its epidemic period. Influenza was endemic in Bergen, Camden and Cumberland counties, nearly coincident with the epizootic of the last autumn. The reporters of the two former counties do not regard it as affected by or necessarily connected with the disease among the horses. The reporter for Cumberland attributes its prevalence in the human to the same epidemic influence which affected the equine species. Neither of them believe it to be the result of contagion. We note this fact because of some published records in the Medical journals which have seemed to warrant the suspicion, at least, that it possessed a contagious element. The reports before us are conclusive that neither the morbid epidemic influence nor the contagion of the universal equine epizootic has had any perceptible effect upon the general condition of health of New Jersey.

We notice some suggestions furnished in the reports upon

THE TREATMENT OF DISEASE.

Dr. Vanderbeck, of Monmouth, commends the use of ergot in Headache, thirty drops of the tincture, every half hour, until relief is obtained. He has found it a very useful remedy, though not a specific. Dr. Larison, of Hunterdon, has used with good success the nitrous-oxide gas, by inhalation, in cases of Phthisis Pulmonalis, and details cases the history of which convinced him of its value in renovating the wasting powers

and restoring healthy function. Dr. Love, of Essex, uses as a convenient and very useful appliance in the Pneumonias of children and youth, a plaster enveloping the walls of the chest, composed of resin, wax and common soap, melted together, and rectified spirits of wine, spread on a stout piece of muslin. The formula is contained in the report from Essex district. Dr. Townsend of Burlington, treats Acute Rheumatism and Gout by the use of the chloride of propylamia, the rheumatic cases yielding in from three to thirteen days, and the gout in ten. He has used this remedy with general success for ten years, and has never seen a patient relieved by it who suffered a recurrence of the disease, and but few are followed by any chronic symptoms. Nor has he found it succeeded by valvular or pericardial complications. In puerperal convulsions he continues to use with success the veratrum viride by endermic injection, as recommended by him in 1870, and commends it to the attention of practitioners. Among the

CASES OF INTEREST,

Dr. Jobs, of Essex, reports the occurrence of an apoplectic state producing paralysis, and being truly periodic and curable by specific treatment. Also a periodic spasm of the urethra, curable only by quinine, and this after repeated catheterism. Dr. McLean Forman relates a case of poisoning by aconite. The patient, aged thirty-five, took by mistake twenty drops of the tincture of the root. The physiological effects began to disappear in about five hours, though the pulse remained feeble, and dizziness was complained of for two days. Dr. Baldwin, of Middlesex, relates a case of poisoning by creosote in a child aged 17 months, who took, as was supposed, about a drachm. The nurse, who had left him but a few minutes, found him tottering and just caught him as he was falling. He lapsed into insensibility, and in about half an

hour was comatose and stertorous, with contracted pupils; the surface of the body cyanosed; the breathing slow; the pulse weak but not frequent; breathing at times stridulous; the chin, neck and interior of the mouth and fauces showing the corrosive effect of the poison. Albumen was given, and followed by ipecacuanha, which failed to act till wine was given. The contents of the stomach when thrown up smelled strongly of the creosote. In about nine hours he was restored to perfect consciousness, the remaining treatment relating to the severe excoriation caused by the poison.

Dr. Snowden, of Camden county, reports a case of deficient abdominal walls at the umbilicus, at birth. A hernial tumor, four inches in diameter, protruded three inches beyond the abdomen. The cord was attached to the centre of the tumor, and the latter was covered by a reflexion of the tissue covering the funis. The intestines could be seen distinctly through the tissue. The skin gradually formed in isolated spots, which coalesced and covered the tumor in about three months.

Dr. Elmer, of Cumberland, reports a case of congenital chignon—a veritable chignon, of proper shape and in proper position. The wearer fortunately died in a few days. The post-mortem examination proved it to be a sack proceeding from the foramen below the occipital bone, lined with brain membranes, and filled with a gelatinous fluid.

Dr. Cooper, of Camden, notices a case of ovarian tumor in a girl sixteen years of age. When an enlargement of the abdomen was first noticed, her general health was good, and all the functions in exercise except the catamenia. Upon examination a hard and painless tumor was felt to the right of the median line. It continued gradually to increase until the constitutional symptoms rendered it necessary to draw off the accumulated fluid by tapping, which was performed, relieving it of sixteen quarts of a demi-ropy fluid. A second

and third tapping was performed, affording temporary relief. She died without an operation in about eighteen months. The autopsy revealed a tumor springing from the right ovary by a narrow pedicle, with slight abdominal adhesions. Its weight with the contained fluid was sixty-three pounds. Other cases of much interest will be found in the reports, together with a full history of a case of Ruptured Uterus, and one of Placenta Prævia, to both of which the attention of the Society is commended.

The Necrology of the year is as follows:

Roderick Byington,	Belvidere,	aged 80,	September, 1872.
Edmund Hance,	Glassboro,	57,	November 29, 1872.
Abraham Hopper,	Hackensack,	75,	December 14, 1872.
J. R. Stuart,	Newton,	63,	January 15, 1873.
Jno. H. Stokes,	Moorestown,	65,	January 20, 1873.
Wm. Van Deursen,	New Brunswick,	81,	February 16, 1873.
Isaac S. Mulford,	Camden,	73,	February 17, 1873.
Dr. Reilay,	Succasunna,	43,	March 28, 1873.
David D. Dildine,	Hope,	26,	September 1872.
Silas C. Cook,	Hackettstown,	80,	March 1, 1873.
Jno. Alfred Gray,	Flemington,	60,	September 29, 1872.
Wm. Knight, M. D,	Metuchen,	45,	August 6, 1872.
Jas. Pascal Smith,	Orange,	61,	October 11, 1872.
Jno. Titsworth,	Deckertown,	80,	February 1, 1873.

STEPHEN WICKES,
J. E. CULVER,
S. C. THORNTON,
Standing Committee.

APPENDIX

TO

REPORT OF STANDING COMMITTEE.

In Memoriam.

JAMES REILAY, M. D.,

Born May 27, 1829. Died March 23, 1872.

WILLIAM KNIGHT, M. D.,

Born December 14, 1827. Died August 6, 1872.

RODERICK BYINGTON, M. D.,

Born October 27, 1799. Died August 18, 1872.

DAVID D. DILDINE, M. D.,

Died September 29, 1872. Aged about 26 years.

JNO. ALFRED GRAY, M. D.,

Born July 6, 1812. Died September 29, 1872.

JAS. PASCAL SMITH, M. D.,

Born November 21, 1833. Died October 11, 1872.

EDMUND HANCE, M. D.,

Died November 29, 1872. Aged 56.

In Memoriam.

ABRAHAM HOPPER, M. D.,

Born April 26, 1797. Died December 14, 1872.

JNO. R. STUART, M. D.,

Born March 11, 1809. Died January 15, 1873.

JNO. HINCHMAN STOKES, M. D.,

Born 1808. Died January 20, 1873.

JNO. TITSWORTH, M. D.,

Born April 19, 1793. Died February 1, 1873.

WM. VAN DEURSEN, M. D.,

Died February 16, 1873. Aged 81.

ISAAC S. MULFORD, M. D.,

Born December 31, 1799. Died February 16, 1873.

SILAS C. COOK, M. D.,

Died March 1, 1873. Aged 80.

OBITUARIES.

JAMES REILAY, M. D.

BY H. R. BALDWIN, M. D.

Dr. JAMES REILAY was born at Durham, Bucks county, Penn., in the year 1829. After his preliminary education, he entered Lafayette College at Easton, but towards the close of his college career he left Easton and entered Union College, whence he graduated in the year 1849. He commenced his medical studies with Dr. Condict, at Blairstown. He attended lectures at the College of Physicians and Surgeons, University of the State of New York, and graduated in the year 1852, having previously taken a course at Woodstock, Vt. He commenced practice at Lambertville, N. J. In the year 1862 he was appointed Surgeon of Twenty-fifth Regiment of N. J. Volunteers (a nine-months regiment), and was soon appointed Brigade Surgeon; was mustered out of service June, 1863. He helped to raise the Thirty-third Regiment N. J. Volunteers, and was appointed Surgeon; was in the Twentieth Corps under Hooker at Lookout Mountain; and with Sherman at Atlanta. He successfully passed examination for promotion to some general hospital. The near approach of the close of the war, however, induced him to return to his regiment. He was mustered out of service in the year 1865, at Newark, N. J.

Dr. Reilay had an extensive practice at Succasunna, N. J., and continued his professional pursuits with slight interruption until his death. He came to the writer for advice, and after examination was found to be suffering from Diabetes Mellitus. He was recommended the treatment of Dr. Camplin, under which he was greatly improved. He died March 28, 1872, of a pleuritic attack, which was probably secondary to the original malady.

RODERICK BYINGTON, M. D.

BY J. C. JOHNSON, M. D.

RODERICK BYINGTON, M. D., was born at Stockbridge, Berkshire county, Mass., October 27, 1799, and died at Belvidere, N. J., August 18, 1872, in the 73d year of his age. He read medicine with the late Dr. David Green,

of Johnsonsburg, N. J.; spent some time in the office of the late Prof. Geo. McClellan, of Philadelphia; and graduated at Jefferson Medical College. He began to practice in March, 1825. After spending six months at Richmond, Pa., he returned to Johnsonsburg, and succeeded Dr. Green in the care of his large practice. In October, 1841, he removed to Belvidere, where he continued to labor until growing physical infirmities disabled him some four years previous to his death.

Dr. Wm. P. Vail, of Johnsonsburg, a contemporary of nearly his whole professional career, thus writes of him as a physician, a citizen, and a Christian:

"During the sixteen years of his residence in Johnsonsburg, he led an active and laborious life. The field which he occupied alone was subsequently shared by five additional men at different points. On his 'Old Bolivar,' as his horse was called, with well-crammed saddle-bags, he used to jog along early and late, without much regard to weather or roads, worn and tired, sleeping by the way. With him a summons was imperative. He was what was termed, at that time, a heroic doctor; the fashion then was what would now be considered, and justly, excessive medications. Dr. B. ever kept a sharp eye on all that was going on in the science of medicine. He saw and lamented the uncertainty of his calling, and sighed for improvement.

"Outside of his calling, Dr. B. was no neutral character. On all questions that related to society he would study the aspects of right and wrong, and having settled which was right there he would plant himself. When the vital question of Temperance came under discussion it took him no time to choose his position, and no more ardent advocate ever stood up to vindicate the cause of God and humanity than he. Would that all of his profession were like him in this respect.

"Many years ago the cause of common schools found him a devoted friend and supporter. His record here is noble; he worked in the cause as few men do. The subject was ever in his mind, and in the pressure of professional duties he found time to serve as trustee or superintendent well nigh throughout his active life.

"Dr B., while at Johnsonsburg, made a public profession of his faith in Christ, and served as ruling elder in the Second Presbyterian Church of Belvidere. He was a zealous and consistent confessor of Christ, and without display never shunned the responsibilities involved in that confession. Called in the Providence of God to endure very sore and repeated domestic afflictions, he bore them all with a becoming spirit. For several years before

his end he was much broken down in bodily strength, but he endured to the last, witnessing a good confession. Of such men we may truly say the world is all the better for their having lived in it."

To this just tribute, let me add testimony to his zeal and faithfulness to our medical organizations. Dr. B.'s mind was naturally critical, and he searched for truth and knowledge from every source, and his steady attendance and encouragement to the younger members of our Society was one of the greatest helps to its present prosperity. At its meetings he ever showed that he kept his knowledge well advanced with the rapid strides of medical science.

DAVID D. DILDINE, M. D.

BY J. C. JOHNSON, M. D.

DAVID D. DILDINE, M. D., studied medicine with Dr. J. D. Dewitt, of Harmony, Warren County, He graduated at the University of New York, in March, 1870, and soon after settled at Hope, in this County, where he resided until his death—which occurred from Typho-Malarial Fever, about the end of September, 1872. Dr. Dildine was a successful practitioner—lacking physical strength—by his diligence and faithfulness in the discharge of his duty, he gained the affections and confidence of many patrons, who mourned his early departure and their loss of a physician, a citizen, and a sincere Christian. He was aged about twenty-six years.

JNO. ALFRED GRAY, M. D.

BY JNO. BLANE, M. D.

JOHN ALFRED GRAY, M. D., died at his residence in Flemington, September 29th, 1872. He was born on the homestead farm of his father, Joseph Gray, in the vicinity of Princeton, July 6th, 1812. His mother's maiden name was Annie Furman; his parents were both natives of New Jersey. His father died in 1824, when he was twelve years old. Before entering college he was the pupil of Rev. Dr. Baird, of Princeton. He graduated at Nassau Hall, in 1832, and studied his profession with Samuel Howell, M. D., of Princeton, and attended the lectures of Jefferson Medical College, where he graduated in 1836.

He then removed to Toledo, in Ohio, and practiced his profession and became Assistant Editor of the "Toledo Blade;" and from thence he

removed to Rocky Hill, in Somerset County, where he practiced from 1844 to 1854, when he removed to Flemington, where he continued until his death.

Dr. Gray was an efficient practitioner; his health, of late years, failing, he was not as prominent in the active walks of the profession as his qualifications and merits entitled him to. He was conservative in practice, and yet not behind the times; he kept himself posted on the progress of the science of his chosen profession. He was a member in good standing in the District Medical Society of Hunterdon, attending to his duties with alacrity. In 1865 was its President, and in 1856–57–58–59 a member of the Board of Censors, for that district.

In 1864 he became a member of the American Medical Association. On July 3d, 1837, he married Miss Abby Douglas, daughter of Joseph Douglas, Esq., of Trenton, Oneida County, New York, who died at Rocky Hill, February 22d, 1846, aged thirty-two years. On May 24th, 1848, he married Miss Jane Allen Hart, daughter of the late Neal Hart, Esq., of Rocky Hill, who survives him.

JAMES PASCAL SMITH, M. D.

BY A. W. WOODHULL, M. D.

James Pascal Smith, A. M., M. D., was born in Albany, New York, on November 21st, 1833, and died in Orange, New Jersey, on October 11th, 1872; aged thirty-nine years and eleven months.

Dr. Smith was the youngest son of Mr. Samuel Platt Smith, a resident of Orange, and manufacturer in Newark, New Jersey. His mother's name was Sarah Wilcox, daughter of Ephraim Wilcox.

Dr. Smith enjoyed the best advantages for obtaining an early education, and was prepared and entered the freshman class in Nassau Hall, Princeton, New Jersey, in 1851, and graduated from that institution in 1855.

Immediately upon graduation, he began the study of medicine with Dr. Isaac A. Nichols, of Newark, New Jersey, and in 1858 received his degree as Doctor of Medicine from the University of the city of New York.

The year after receiving his degree he spent in the Charity Hospitals of Blackwell's Island, and the succeeding year—1859—began private practice in the city of New York. Here he met with a fair degree of success, and was about becoming well established in successful business, when, in 1861, upon the breaking out of the war, he felt that his duty called, and he promptly responded to his country's need and enlisted in her service. He

was appointed Surgeon of the celebrated Sixty-Ninth Regiment, New York Volunteers, and for three years followed its fortunes, in all its mishaps and trials, as well as in its numerous successes and victories. His health became somewhat impaired, and upon his return to private practice at the close of the war, in 1865, he felt the effects of the severe course of exposure which he had been called upon to go through. It is probable that he here contracted the disease which ultimately terminated in his death. After the war he settled in Chicago, Illinois. Here he met with as fair a degree of success as the varying conditions of his health would allow, being frequently compelled to give up, for long periods at a time, his practice, to be resumed upon returning health. In the Spring of 1872 evidences of severe disease supervened, symptoms of paralysis developed, and he was removed to Newark early in the summer. He speedily improved, and was on a visit to his father, and beginning to indulge hopes of future work and usefulness, when, in October, he was suddenly seized with an attack of an apoplectic character, and in a few moments died.

His remains rest in Mount Pleasant Cemetery, Newark, New Jersey.

Dr. Smith was a gentleman of the most genial, social character, was a faithful friend, and one to whom it was ever a pleasure to bestow a kindness, or assist another in distress. In his early life he became connected with the Presbyterian Church, and all through the luring temptations of college life and subsequent scenes, observed a correct and upright life; and in his last illness he expressed his only hope to be upon the Saviour, in whose service he had so early enlisted, and it is believed he died in a full hope of a blessed immortality.

ABRAM HOPPER, M. D.

BY HIS SON, DR. H. A. HOPPER.

Dr. Abram Hopper was born at Hohokus, in Bergen county, New Jersey, April 26, 1797, and died at Hackensack, in the county of his birth, Dec. 14, 1872. He had therefore nearly completed the seventy-sixth year of his life. His childhood and youth were spent on a farm with his parents at the place of his nativity. His academic education was received in the city of New York; after which he returned to his early home and commenced the study of medicine with Dr. John Rosencrantz, of Hohokus; with him he remained one year, then returned to the city of New York, entered the office of Dr. Valentine Mott, and continued with him under office instruction and col-

lege lectures, until the time of his graduation from the College of Physicians and Surgeons of New York, in the spring of 1818, at the age of twenty-one.

During the year following he settled and commenced the practice of his profession in the village of Hackensack, where he remained with very little interruption until the time of his death: thus, giving to the people of his native county the best — indeed the whole energy of an active and laborious professional life.

At the time of his settlement the town was very small and the country about it sparsely settled. Enjoying a large practice under such circumstances, his life was truly "spending and being spent" in the relief of human suffering. Industrious and intellectual in character, he kept himself familiar with the current medical literature and scientific events of his day.

Always an advocate of progressive science and an earnest supporter of every effort put forth for its maintenance, we find his name among the six physicians who in January, 1854, applied for and obtained a charter for organizing the District Medical Society of Bergen County. Under his auspices, together with the other five applicants, the society was organized in February of the same year, and he was elected its first president. At the annual meeting of the society in May following he was re-elected to preside over its deliberations; and again in May, 1855, the honors of the presidential office were conferred upon him.

During the period of his active connection with this organization he cheerfully contributed to its interests and usefulness both by written documents and oral discussions. Among his contributions are two, which were particularly well received by the society. A paper entitled "The duties of medical men in their intercourse with their patients and the profession," and another entitled "Hydrops uteri—or the periodical discharge of water from the uterus."

The doctor continued his active membership with the Society until October, 1871, when, in consideration of the increasing infirmities of age, he was by a unanimous vote of the organization, relieved from the discharge of its ordinary duties and his name was placed on the roll of honorary membership.

At the first annual meeting of the District Society after the death of Dr. Abram Hopper, held April 8th, 1873, the following resolutions were unanimously adopted:—

"WHEREAS, in the providence of God, our late colleague, Abram Hopper, M. D., one of the founders of this society and its first president, has been removed by death since the last regular meeting of the society,

Resolved, That, in the decease of Dr. Abram Hopper, this Society recog-

nizes the loss of one of its most prominent and honored members, whose efforts and influence, both in his public and professional life, were always actively enlisted in behalf of progress and reform.

Resolved, That in his unflagging industry in the care of the sick, and in his conscientious and self-sacrificing devotion to the labors of his profession, our deceased brother has left us an example of fidelity to the claims of professional duty. which commands our unqualified admiration and respect, and which is worthy of and should excite our constant emulation.

Resolved, That while we would tender our condolence and sympathy to the immediate family of the deceased, we would also unite with them in grateful acknowledgements, that he was not prematurely cut down in the flush and vigor of robust manhood, while his work here was yet unfinished, but that he was gently gathered to his fathers in the fullness of man's allotted years, and like a shock of grain fully ripe and ready for the harvest.

Resolved, That these resolutions be entered upon the minutes of the society and also published in the newspapers of the county: and that a copy of the same be sent to the family of the deceased."

DR. JOHN R. STUART.

BY JONATHAN HAVENS, M. D.

Dr. John R. Stuart was born in Newton, Sussex Co., New Jersey, March 11th, 1809, where he died January 11th, 1873. He was adopted at a very early age by his uncle, Daniel Stuart, by whom he was reared and educated, and to whose estate he was one of the heirs. His educational advantages were of the best class, and in 1827 he graduated at Rutgers College, New Brunswick. He then began the study of medicine in his native town with the late Stephen Hedges, who was then one of the most popular physicians of the county. During his studies he attended a course of lectures at the College of Physicians and Surgeons, New York, and received license to practice from the Medical Society of New Jersey, after an examination before a board of censors, at Morristown, in the Fall of 1831. He at once commenced practice in Newton, and in the following spring united himself with the District Medical Society, which he served for several years as a faithful and efficient secretary, and in 1849 was elected president. His interest in the Society was maintained throughout his life.

In February, 1843, he went to Sparta to take the practice left vacant by

Dr. D. M. Sayre's removal to Morris County. Soon after this change Dr. Hedges died, and in September, 1845, he returned to Newton, and at once succeeded in establishing an extensive practice, which he pursued with energy for ten or twelve years. After twenty-five years of active professional life he gradually withdrew from practice, and devoted most of his time to the sale of drugs, in which business he was engaged at the time of his death.

Dr. Stuart was well known as a courteous, gentlemanly man; of fine hospitality, an excellent physician, and much beloved by his patients and friends. His social qualities were remarkable. Few men have had warmer and more attached friends, and to these his hospitality knew no limits. His attachments were generally strong and enduring, yet he possessed such an ardent and positive temperament and so much ambition, that his feelings were quickly excited at the sense of unkindness or injustice; but there was a magnanimity in his nature that readily forgave an injury, if once admitted by the offender. He was also liberal to the poor, and during his life not only served that class but others, for which he received nothing as a compensation. As a physician, he was guided more by the cautious experience of an observing mind than medical theories. Trusting much to the curative efforts of Nature, he was content to consider himself her interpreter and ministering servant: following, not guiding her, and finding his chief employment in removing the obstructions which impeded her wise course to returning health. Although his declining years had not been marked by any particular disease, it had been apparent to those familiar with him that his physical endurance was diminishing as his age advanced. In November, 1871, while on a visit to bereaved and attached friends, the telegraph brought the sad intelligence of a sudden and obscure attack, which deprived him of consciousness for a day and night, and during which he had been carried from the cars of the New Haven Railroad to St. Luke's Hospital, New York. This was but the precursor of another and more alarming attack, which took place in his own store, on Monday evening, December 30, 1872. Although his consciousness was not at once extinct, he soon became unable to speak, and incomplete paralysis of his right side soon followed. After several days a gradual improvement of the paralyzed limbs were manifest, and several times he uttered distinctly the monosyllables yes and no, or made known his wants by the movement of his head, and his powers of recognition by extending his hand. This improvement, however, was brief, for after Saturday, January 11, there was no further evidence of restoration, and he afterward took so little nourishment, that on Monday his physicians had but slight

hopes of his recovery. On Tuesday it was evident that his vital powers were giving way to the diseased brain, and after a night of unconscious sleep he died peacefully on Wednesday morning, January 15, 1873. On Saturday the 18th, attended by a large concourse of sympathizing friends, his remains were deposited by the side of his wife in the Newton Cemetery.

JOHN HINCHMAN STOKES, M. D.,

BY WM. D. BISPHAM.

JOHN HINCHMAN STOKES, M. D., died at his residence, Moorestown, Burlington county, New Jersey, January 20, 1873. He was born in that place in 1808; and was the son of John H. Stokes, M. D., long an eminent and successful practitioner of medicine, and greatly beloved counsellor, confidential adviser and friend in that community.

Having attended the Latin instruction of Thos. Dugdale, a noted classical tutor in Philadelphia, he, in pursuance of the course marked out by his father, then deceased, studied Pharmacy under —— Marshal, of Philadelphia, previous to entering upon the study of medicine, under the late Dr. J. J. Spencer, of Moorestown, N. J., Judge of the Court of Errors and Appeals of N. J., attending the University of Pa., where he graduated in 1828.

He practiced his profession in his native town and neighborhood from that time actively and successfully, amassing large possessions, until about two years before his death, which occurred suddenly, in the bosom of his family, from an affection of the heart. Failing health had warned him to leave active duty, though up to the moment of his death he continued to counsel and advise, and attend his old patients and intimates.

He was truly—as was his father before him—the "beloved physician" and friend of his patients, whose number was great, his practice extending, in a thickly settled neighborhood, over a circle of country whose diameter was about ten miles.

His manners were gentle and considerate, and with great firmness and strong passions held under immense control, he won the respect and love of all who were brought in contact with him. The vast assembly of relatives and friends, rich and poor, high and low, from near and far, who came to attend his burial, attested that love and respect in which he was held.

JOHN TITSWORTH, M. D.

BY JONATHAN HAVENS, M. D.

JOHN TITSWORTH, son of William Titsworth and Margaret Middaugh, was born in the Clove, Wantage Township, Sussex county, New Jersey, April 19, 1793, and there died February 1, 1873. He attended the district school in the neighborhood until the fourteenth year of his age, when he went to Chester, Morris county, New Jersey, spending two years there, and afterward one year at Newburgh, New York. After this preparatory course he entered the Freshman Class at Yale College in 1810, at which institution he graduated with honors in 1814. Soon afterward he commenced the study of medicine with his brother-in-law, Prof. Eli Ives, of New Haven, and attended lectures in the medical department of Yale. He also attended the medical course of the College of Physicians and Surgeons, New York, and there completed his medical pupilage in 1817, after which he began the practice of medicine in New Haven, in connection with the business of a druggist. He was married May 31, 1819, to Abigail Allen, daughter of Nathan Beers, of New Haven, by which alliance he had two sons and a daughter. One son and the daughter survive the parents. He remained in New Haven until 1826, when he was obliged, on account of failing health, to return to his native place. When this was partially restored, he began to practice in the Clove, with great success, and continued until about the year 1850. After this time his attendance upon the sick was limited, except that he was frequently called in consultation. He united with the District Medical Society in 1840, and several times served as its President, when he invariably offered an address of more than ordinary merit. Even after he had abandoned practice, he continued to take especial interest in the annual sessions of the Society. At its meeting in June, 1869, by a unanimous resolution he was placed on its lists as an honorary member. Throughout his connection with the Society he was characterized by a genial and generous interest in other physicians, especially the younger members, treating them with great kindness and courtesy, and endeavoring to promote harmony of feeling and action. His last address to the Society, in 1866, on "The Duties of Physicians, and their intercourse one with another," showed no decline in his mental faculties, and exhibited the same interest he had in active life manifested in sustaining and promoting the honor and dignity of his profession.

As a physician, he held a prominent position among those of his day, and his mind was well stored with the knowledge gained by the study of the

best medical literature furnished during the period of his active life, as the writer can well attest, being but a few years since the recipient of his extensive and valuable library of medical works. To describe the personal character of Dr. Titsworth would be a fruitless task. Those who knew him well can remember him as one possessed of a peculiar and extremely eccentric disposition and habits, and fearless of expressing his own ideas, however much at variance with popular opinion. His mind was of a high order, and being a constant reader was well stored with varied knowledge. His conversational powers were remarkable, and no one sat with him long without becoming fascinated with his ability to interest and instruct them on any subject. Notwithstanding his peculiarities, his native kindness of heart made him a welcome visitor everywhere, and those who met him under his own roof enjoyed the warmth of his hospitality.

Besides many noble qualities that made him popular as a man and a physician, he possessed the graces of a sincere and consistent Christian. In 1833, he made public profession of his faith in Christ, and united himself with the First Presbyterian Church of Wantage, and about 1840 was elected Ruling Elder—a position he faithfully filled until his death. The welfare of the Church and the advancement of true religion always received his earnest and devout attention. He was seldom absent from religious service, and took an active part in all Church matters. He had a special interest in the Missionary work, and kept himself familiar with the progress of missions in every field of labor. By such a life he was prepared for the sudden death which took him from earth, without a warning sickness, early on the morning of February 1, 1878. Before he had finished dressing for the day, he complained to his son, and said if he could be bled he would feel better, but before any assistance could be afforded he leaned his head forward upon his hands, resting upon a table, and in a few minutes expired.

WM. VAN DEURSEN, M. D.

BY H. R. BALDWIN, M. D.

Dr. Wm. Van Deursen was born in the city of New Brunswick, May 16th, 1791. He graduated from Queen's College in the year 1809, and from the College of Physicians and Surgeons in the year 1814, during the period when lectures were delivered in Barclay Street. Dr. Van Deursen was elected a member of the Board of Trustees of Rutgers College in the year 1823. He was first settled at Imlaystown, and afterwards at New Bruns-

wick, at which place he secured an extensive practice. He was especially distinguished for his skill in surgery. In all the departments of his profession he was remarkably well read; he had many students who entered the profession from his office—among others, Dr. W. A. Newell, late Governor of this State. In person Dr. Van Deursen was about the medium height, erect in his carriage, and punctiliously neat in his dress; his manner was courteous, but guarded by a dignified reserve which forbade familiarity. For more than fifty years he was esteemed the leading physician of the town, and finally, full of years and of honors, he died on the 16th day of February, 1873, leaving the legacy of a good conscience, and bearing his testimony to the reality of the Christian faith, at the ripe age of eighty-two.

ISAAC S. MULFORD, M. D.

BY H. GENET TAYLOR, M. D.

Dr. Mulford, son of Henry, and grandson of Stephen Mulford, was born at Alloways Creek, Salem county, New Jersey, on the last day of the last century (Dec. 31, 1799).

His parents and grandparents were remarked for their quiet, upright, simple manner—men and women of more than ordinary intelligence, as appears from their letters, now in possession of the family, written ninety years ago.

Dr. Mulford, at an early age, evinced a desire for a professional life, and in the year 1819 enrolled himself as a student of medicine at the University of Pennsylvania, under the preceptorship of the late Joseph Parrish, M. D.; graduating at that institution in the year 1822.

Shortly after graduating, he was appointed Physician to the Pennsylvania Hospital, in which capacity he served for one year. He then commenced the arduous duties of his profession in Camden (then a mere village, or more properly called the "Ferry," numbering but a few hundred inhabitants.) Here he remained in active practice until a month previous to his death, serving a long and faithful career of fifty-one years.

As a man Dr. Mulford was characterized with high and honorable feelings, just and upright in all his dealings, compassionate and considerate for the misfortunes of others. His gentle manners were not only to be found at the bedside of his patients, but was with him in all his walks of life. A high sense of integrity, even above the ordinary acceptation of the term, was one of his prominent characteristics, and in all his business relations he was never known to deviate from this cardinal feature.

In the year 1830 he was married to Rachel Mickle, daughter of the late Isaac Mickle, of Gloucester county, one of the oldest and most respectable families in New Jersey. Shortly after he joined the Society of Friends, and became one of their prominent and leading Elders, exercising a wide influence in that Order until the day of his death.

In his professional life, he occupied the full confidence and respect of his brethren, and in difficult cases, where accurate diagnosis would be called in question, none could decide with more certainty as to the nature of the disease.

His high sense of honor, and the exalted view which he entertained for the profession, ever led him to a rigid adherence of the rules of medical ethics, and in his intercourse with the members of the profession he was ever courteous and considerate.

As a medical writer, Dr. Mulford has contributed several valuable essays, and numerous lectures on scientific subjects. His "History of New Jersey," written many years ago, has always been considered a standard work. He devoted much time to the interests of our public school system, and his valuable services were recognized in an appointment in connection with the schools by the Executive of our State.

His death occurred February 16, 1873, after an illness of one month. The first symptoms of his sickness began in the middle of January. On his return from a professional visit, he was taken with Aphonia, which lasted twenty-four hours. A severe inflammation of the mouth and fauces ensued, resulting in Laryngitis. During the last week of his illness, his enfeebled constitution apparently rallied, and the active inflammatory condition subsiding, his attending physicians were hopeful of his ultimate recovery, but the night before his demise, he was seized with an attack of Angina Pectoris, and his death occurred the following evening.

Dr. Mulford was one of the oldest members of our County and City Medical Society, his name appearing second on the list. He was a regular attendant at all the meetings, and evinced a remarkable interest in the proceedings of both organizations; never allowing any question of importance to be decided without fully and freely expressing his views in a clear and concise manner; ever tolerant toward the opinion of others, while adhering with tenacity to his own.

In his death the medical profession of our State have met with a great loss, but none will or can feel it more severely than those with whom he associated in his daily paths of life. It has been truly said of him,

"That there was an intensity of nature, as well as a tenderness of soul, in the man, little suspected, save only by those who knew him best."

The following preamble and resolutions of the Camden City Medical Society, fully express the deep, earnest feelings of his medical brethren, at the time of his death:

CAMDEN CITY MEDICAL SOCIETY,
CAMDEN, N. J., Feb. 19, 1873.

At a Special Meeting of the Camden City Medical Society, held on Tuesday evening, February 18, 1873, the following preamble and resolutions were read, adopted, and their publication directed:—

WHEREAS, It has pleased the Divine Disposer of all human affairs to remove from our little circle of co-laborers in the healing art, the oldest and one of the most honored of our fellows, who, born in New Jersey during the first month of the current century and graduating at his majority from the time-honored University of Pennsylvania, devoted himself immediately and unceasingly, until within a very few days of his decease, to the service of this, his native State, in the practice of the most arduous profession of his choice; therefore,

Resolved, That the members of the Camden City Medical Society severally and collectively have heard, with profound regret, of their fraternal, social, professional, and public misfortune in the death of their late Ex-President, the venerable Isaac S. Mulford, M. D., who, on the 18th instant, passed from the unremitted service of fifty years, we trust, to his just reward as a man of unswerving rectitude, a Christian of consistent practice and a professional brother who coupled with the influential dignity of age and great experience an unpresuming courtesy never to be forgotten even by the youngest of his *confreres*.

Resolved, That, in the most difficult branch of Diagnosis, Dr. Mulford displayed an almost instinctive acumen which gave him a pre-eminence in general practice, like that won by his old preceptor, the world-renowned Dr. Philip Syng Physick in the Surgical Department, while his extreme caution in therapeutics rendered him a marked conservative among the enthusiastic investigators of Modern Science—the former quality rendering his loss almost irreparable to the seniors of our professional community, while the latter served as a most valuable check upon any undue experimental and speculative tendencies among their juniors.

Resolved, That, in tendering our heartfelt sympathy to the bereaved family and relatives of the deceased, we but re-echo the general voice of his fellow citizens, who will long remembor the tall, bent form, the staid and sober gait, the backward folded arms, the thoughtful, serious, downward-gazing eye, incognizant of the transient passenger, which gained the unlimited confidence of his thousands of patients, won the respect of the stranger who

knew him not, and compelled even the rudeness of the rabble to yield the path, by its electric influence over less worthy minds.

Resolved, That the members of this Society attend the funeral in a body, in testimony of their high appreciation of the worth of one who ever stood forward as a defender of the etiquette, dignity and usefulness of the profession, and of their sincere regard for the memory of the most worthy departed.

Resolved, That these resolutions be published in the papers of the city of Camden, and such of the papers of Philadelphia as the Secretary may deem proper, and that a committtee of two be appointed to wait upon the family of the late Dr. Mulford and present an engrossed copy of these resolutions.

REYNELL COATES, M. D., *President.*

D. PARRISH PANCOAST, M. D., *Secretary.*

REPORTS OF DISTRICT SOCIETIES.

BERGEN COUNTY.

To Chairman of Standing Committee, &c.:

The history of medical matters in Bergen County for the past year presents little worthy of special notice. Even the ordinary diseases, incident to climate and season, have almost deserted it.

In December, I treated two cases of puerpural convulsions.

Cases.

The first patient was a young German woman, aged nineteen years, first child, who, her husband informed me, was "already dying after confinement."

On visiting her, I was informed that she had been confined the previous evening (December 2d), after a labor of only a few hours. In one-half hour after her delivery she had a violent convulsion, and up to the time of my visit (December 3d, 4½ P. M.), she had had twenty-three severe convulsions. She was unconscious; face swollen and mottled, tongue badly bitten and protruding from the mouth, upper teeth broken out, surface cold, respiration labored, pulse too rapid to count and feeble, bladder distended with urine, neck and night-

dress covered with blood. I could not get an intelligent history of the case. She was attended through her labor by a midwife, and afterward by a German physician, who could not speak English, and, with an interpreter, could not make out an intelligible case; but, judging from the array of boxes and bottles, he must have run through the Materia Medica, holding in mind the forlorn hope of doing his patient some good. I at once put the poor sufferer under the influence of chloroform, and kept her completely under the influence of the anæsthetic for seven hours, and then discontinued its use. In about twenty minutes the patient awoke perfectly conscious, and gave intelligent answers to questions. I continued in attendance for three hours, and during that time was not able to discover the least convulsive action. I then prescribed one-half drachm of hydrocianic acid, and at 2½ P. M. left my patient in a quiet sleep.

Treatment.—Hydrocyanic acid, bromide of potash.

Mrs. E. B., aged nineteen years, of small frame and feeble constitution, was taken with labor pains with her first child December 16, 1872; labor pains commenced at 10 A. M. and continued quite regularly till 5 P. M. At this time, noticing indications of convulsions, such as turning up of the eyes, contractions of the hands and involuntary twitchings, I sent for chloroform and my forceps, but before either reached me my patient had a convulsion. I used Æther, and as soon as my forceps arrived (6 P. M.) delivered her of a living child, weighing ten pounds. She continued to sleep quietly for three-quarters of an hour, then awoke perfectly conscious. At 9 P. M. she complained of pain in the head, and immediately after had a convulsion. I then put her under the influence of chloroform, and *kept* her under its influence most

of the night. Convulsions not recurring, I left her at 7 A. M. Was recalled at 8½, and informed that my patient had had two convulsions, one immediately following the other. Again used chloroform, and continued the treatment till 2 P. M. Then used hydrocyanic acid and bromide of potash. The patient did not have another convulsion, and recovered without further difficulty.

No reasonable person, I think, can doubt for an instant that chloroform was the means of saving life in the case first narrated. After all other remedies had entirely failed, life nearly extinct, the paroxysms becoming more and more frequent, and hope of saving the patient nearly abandoned, the anæsthetic powers of the chloroform were called into requisition and with absolute and perfect success.

In the second case chloroform was the only remedy used during the convulsive stage, and there is every reason to believe that had the remedy been used during parturition the convulsions would not have occurred.

The urine contained albumen in both cases. Neither case was under treatment before labor.

ROBERT STEWART, *Reporter.*

RUTHERFORD PARK.

DR. HASBROUCK'S COMMUNICATION.

The diseases which have prevailed during the last year, or from April 1, 1872, until this date, so far as my observation extends, have mostly been such as are usually prevalent here and have presented but little in their course or character to call for special notice.

Pleuritis, Pneumonia, and other acute inflammations of the respiratory organs—with the exception of catarrh, perhaps—have been less prevalent than usual during the past winter and present spring; and the same is measurably true of the more chronic forms of pulmonary diseases. My visiting list for the past year, for example, shows a smaller number of cases of Phthisis than usual. I cannot suggest any satisfactory, nor even any plausible, explanation of this fact, but of the fact itself I am quite confident.

The same may also be said of some others of our usual diseases. For example, Dysentery, some twenty to thirty years ago, prevailed endemically, and of a very severe form, in different parts of the county, as regularly as the seasons themselves came round. But for the last five years this disease has almost disappeared. Last autumn I had one case only, in an old lady, eighty-one years of age, which terminated fatally.

In my last annual statement of April 1, 1872, if I recollect aright, I mentioned the fact that Scarlatina had then prevailed to a moderate extent, but almost constantly for upward of eighteen months. Since that time, however, I have not seen a case, and I have heard of only a few isolated cases in the practice of other physicians.

The same is true of Diphtheria and Typhoid fever. Of the former I have had a single mild case myself, and have also seen one other case in consultation. Of the latter disease I have only seen within the last year a single group of four or five cases in the practice of Dr. Haring. These cases presented all the distinguishing symptoms of true Typhoid, including the peculiar eruption; and all occurred in a single family, and under circumstances and hygienic surroundings which would not generally be considered favorable to the development of this disease.

Within the past year, a much larger number of cases of spinal irritation than usual have come under my observation, many of them very severe and very obstinate. These cases were accompanied with a tenderness of the dorsal and cervical spine, violent pains in the back of head, arms and shoulders, more or less constant, but with irregular exacerbations, generally at night. That some of these cases were of malarious origin, is evident from the fact that they yielded most certainly to quinia and iron, or these in combination with arsenic. Dry cupping, leeches and counter-irritation over the tender spine were also of use.

Intermittents and other forms of malarious disease prevailed to a considerable extent, but upon the whole less than in 1870 and 1871.

A number of cases of Acute Rheumatism and also Erysipelas have occurred in my experience.

But the only disease which has prevailed in anything like an epidemic form is a kind of influenza or Acute Catarrh. It differs from ordinary influenza in being attended with less lachrymation and less pulmonary irritation, the force of the attack being mostly spent upon the mucous membrane of the nasal passages, pharynx, and in some cases the larynx. It is what may be called acute epidemic Catarrh. It began to prevail here soon after the subsidence of a similar epidemic among horses, and hence popularly known

as the "Epizootic;" and a few individuals, mostly hostlers, have insisted that they contracted the disease from their own animals. Of course I have seen no evidence of such origin in any case. The disease still continues to prevail to a limited extent. In the treatment of the disease I have mostly depended upon the chlorate of potas. or muriate of ammonia, with diluents, diaphoretics and anodynes, particularly Dover's powder at night. Under this treatment the disease has always got well, but it seems to have a most "*powerful gift of continuance*," and in many cases will linger for weeks.

Notwithstanding the general tendency to the prevalence of variola through the country, and indeed throughout the world, we have been comparatively exempt from this scourge. I have had but a single case during the past year, and only two cases in 1871-2. And I refer to the matter here only to call attention to our want of proper sanitary legislation in the State. Bergen county, from its proximity to New York, and its facilities for communication with that city, is peculiarly exposed to the danger of importing contagious diseases, while in our county, at least, I know of no legal authority by which measures could be taken in emergency to protect the community. This ought not so to be. Whether the fault lies in our State or local authorities, I am not able to say.

BURLINGTON COUNTY.

To Chairman of Standing Committee, &c.:

During the first two months of the medical year, commencing May 1, 1872, Bronchitis, accompanied with much sternal tenderness, nausea and sonorous rhonchus, followed by large crepitation, was the endemic.

An increase of the number of cases was apparently produced by the intemperature of the weather. Deaths from this disease—unless among infants under one year of age, or those in their senescence—were unusual. And with these fatal cases were the sibilant rhonchus and small crepitation. I suspect that one whom I attended died of pulmonary collapse. He was sixty-six years of age. I had attended him a week for Bronchitis, and visited him the preceding day. At 1 A. M., May 28, I was summoned to visit him as quickly as

possible. When I saw him an hour afterward, mortuus erat. His wife stated that he awoke oppressed for breath, coughed, sat in the bed, and, dying, fell backward. His disease, apparently, was of a mild grade and customary type.

Dr. Townsend, of Beverley, writes to the Reporter: "A peculiarity of the early months of 1872, in this district, was almost entire immunity from lung or bronchial troubles."

Dr. Price, of Tuckerton, writes: "There has been no epidemic of a serious nature in this field of practice. A light spread of the Whooping-cough about a year ago, and a pretty general epidemic of Catarrh the past winter, neither of which required much medical treatment, cover the ground of epidemics. He also says, "Rheumatism and Neuralgia have been more prevalent than usual, but of the subacute varieties."

Dr. Sharp, of Medford, writes: "I find absolutely nothing in the shape of epidemic disease, save the Influenza, that prevailed during the latter part of winter, and Measles that went pretty generally through our community since that time. Both these were unattended by any unusual symptoms or sequelæ, and I know of but one death, that from the last-named disease, in a child in whom croup supervened during the progress of apparent recovery."

"Even our endemic and sporadic disorders have been milder than usual during the whole year. It has been remarked (and I think truthfully, so far as my observation goes), that there have been fewer deaths in our community during the last twelve months than for many years before. Almost everything in the shape of disease is associated with, or wholly consists of remittent or intermittent fevers or neurosis. I should think at least ninety per cent. of our strictly medical cases are victims of miasmatic influence."

Dr. Price, per contra, says: "Diseases do not exhibit the usual periodical characteristics here which they do in malarial

districts." He thinks that this is characteristic of salt-water districts.

Dr. Jemison, of Bordentown, writes: "Intermittents in mild form, prevailed to some extent during the whole year, more especially, however, in the fall and spring. In some instances they have not yielded so readily to the anti-periodics, especially in cases of impaired health from other causes. During the past winter and spring we have had more of Pneumonia than usual—most cases successfully treated, excepting in advanced age."

From July 1 to October 1, diseases of the intestines were endemic. Of which Cholera Infantum, the intercurrent diseases of dentition, Cholera Morbus, Diarrhœa, Colitis, and Enteric Fever were the principal; and these diseases are in numerical order, the first having the plurality. Intemperature of the weather was followed by an increased number of Diarrhœa and Colitis among the adults. For these Hope's mixture accomplished the object of the physician.

The highest temperature greatly increased the aforenamed diseases of children, particularly inflammation or irritation of the mucous follicles, popularly termed Summer Complaint. For children sick with these diseases, and others struggling feebly through dentition, whom their mothers were unable to suckle, or whose milk was deficient in quantity or quality, changes in their regimen alone were often sufficient.

An artificial food, containing milk, malt, wheat flour, and a small quantity of bicarbonate of potash—such as Liebig's or Crew's Food for Infants—was found the best. Generally, they answered admirably; and in the exceptional cases, the lac caprinum became a successful analeptic.

Early in the autumn several were sick with the Enteric Fever, the majority of whom were women. One-fourth of the cases were fatal; and with these much jactitation, an un-

controllable diarrhœa and mania were prominent symptoms. One of the women, aged forty, and weighing two hundred pounds, was at first affected with lypemania, next delusion, as contradistinguished from hallucination. She even did not believe she was sick—euthanasy was hers, and in her insanity an imaginary symposium. To counteract the effects of ammonia, which in this disease is supposed to be in excess, hydrochloric acid was prescribed, and quinia sulp. in two gr. doses every four hours as a stimulant. If the tongue was very dry and cracked, small doses of pil. hyd., opium and ipecac at the same time; and, when agreeable to the patient, milk for food and drink.

Dr. Goodell, of Sykesville, Burlington county, has furnished the Reporter with the following history of an endemic in his neighborhood: "The village of Pointville, which was visited by a peculiar form of fever during the summer and fall of 1872, contains about thirty families, composed of mechanics and laboring men, noted for their temperate habits and the cleanly and tidy appearance of their dwellings. Its elevation is about 160 feet above tide-water; and is the highest elevation within an area of several miles, with good drainage. The soil is aluminous and fertile, bordering on the white sand formation, which covers the surface of the pine region. There are no swamps or marshes sufficiently near to damage the salubrity of the village. This endemic numbered about fifty cases, sparing neither age nor sex. A general feeling of lassitude and headache was succeeded in a few days by a protracted chill, followed by a dry and hot skin, a feeble, irregular pulse, rarely under 120, attended with nausea or vomiting, with increased head-ache, pain in the eye-balls, and intolerance of light. Delirium often accompanied this stage, with extreme wakefulness, which in some cases was succeeded by stupor approaching coma. The pupils would contract under a strong

light, then dilate before the light was removed. The tongue became loaded, as the disease advanced, with a heavy brown coat, extending to the fauces and palate; this secretion was so tenacious that it required considerable effort for its daily removal. The bowels were generally constipated, but readily responded to a mercurial cathartic. An unsatisfactory convalescence would sometimes commence about the ninth day, dating from the chill, but this was often followed by a relapse protracting the case five or six weeks. Sometimes pneumonia, either in an active or latent form, would complicate the case after the second or third week. The red tongue of typhoid fever was absent, and though they had irritable stomach and pain on making pressure over different parts of the abdomen, I never observed tympanites nor hemorrhage from the bowels. The skin was often examined for petechial spots. Other practitioners who attended some of the cases thought they discovered indistinct traces of this specific eruption. Regarding the disease as a cerebro-spinal fever, with a strongly marked typhus tendency, much depletion even in the commencement was not ventured. I ought to remark that the cases which occurred were shared with four other practitioners, whose success was equal to my own, however much we might differ in theoretical views or therapeutic measures. I report but one fatal case, caused by a neglected pneumonia after convalescence seemed to be established. Brain complications were met by cold affusions on the head, repeated again and again, followed by blisters to the shaved scalp and cervical portion of the spine, with 10 gr. doses of bromide of potassium. After the nerve centres were relieved, sleep could always be procured by chloral hydrate. Pneumonic symptoms were relieved with counter-irritants and stimulating expectorants. Quinine was often administered, but I could observe no very definite or satisfactory result. Beef tea and

milk punch accomplished more than medication in repairing the wasted vital forces. Some of the cases lingered on until midwinter. But now the little village again rejoices in health and prosperity, with nothing to remind them of the frightful scourge but the long medical bills, which are being rapidly liquidated."

Dr. Townsend reports: "Miasmatic fevers were not so prominent as ordinary during the fall months, and yielded readily to treatment."

Dr. Young, of Bordentown, says: "Our usual endemic of intermittent and remittent fevers occurred in the spring to some extent; in the fall these malarial diseases were very much more prevalent." He also says: "We have had cases of scarlet fever, measles, whooping cough, mumps, and three cases of small pox, one of which was confluent and hæmorrhagic."

During the very cold weather of December pneumonia was the general disease, and was seldom fatal. None were bled. Spt. mindereri, decoc. senegae, and counter irritants were principal remedies prescribed. Pleuro-pneumonia was more frequent than pneumo-pleuritis.

Dr. Townsend says: "What few cases of pneumonia came under my notice, I saw in early stages and all yielded readily to veratrum viride—that in my hands proved itself positively master of the situation in the first stage of this disease."

Dr. Young, of Bordentown, says: "Pneumonia has been much more prevalent this winter and spring than usual. Old persons have borne this badly; perhaps more than a majority of such have died. The young and more robust have made good recoveries. In the treatment—verat. viride was mainly relied on in the outset, and in the latter stages, opium, quinine, brandy and blisters. Particular attention was given to the nutrition of these patients. Milk for the most part,

sometimes beef essence, were given at prescribed intervals."

January and February, 1873, scarlatina appeared. Some malignant cases died in less than twenty-four hours from the attack. And if scarlatina, at the same time, had not been in the families to which these children belonged, it would have been difficult to decide the nosonomy. For so virulent was the poison that, before the appearance of the characteristic symptoms of the disease, the system was overwhelmed with it. Only one child in the same family had the malignant form—the others the anginose or simpler. In some malignant cases the poison vented itself on the nervous system, these children were then attacked with convulsions and died comatose. In another malignant form, the children died with involuntary discharges from the bowels. And in the third form the children apparently died from great and sudden prostration. Sometimes on or about the seventh day of the anginose form, diphtheria appeared. The adults all recovered. All the children died. Regarding the treatment of children sick with diphtheria following scarlatina, and of tracheitis following diphtheria, I am in Cimmerian darkness. During March and April, Rubeola was the endemic.

S. C. THORNTON, *Reporter.*

MOORESTOWN, N. J.

CASES BY DR. TOWNSEND.

EFFECTS OF CRIMINAL ABORTION.

One very interesting case lately came under my notice. The patient suffered intensely with pains in the head, back, groins and thighs. A semi-maniacal condition existed at the near approach of the menstrual periods, with fearful tenesmic pains; this condition dating back two years, from the time of a criminal abortion. No catamenial discharge whatever for the past year. I made an examination per vaginam, and found the uterus in normal position, but enlarged to treble its normal size. Os externum patulous, and anterior

lip congested and excoriated. Simpson's sound could not be passed beyond the os internum. I then tried Marion Sim's smallest flexible sound with a like result. I found the canal was entirely closed by what seemed to be ligamentous tissue. I then placed a full-sized sponge tent in the canal. On the next day I removed the tent, and was enabled to pass my finger up to the os internum, but still could not pass a sound. Deeming an operation advisable, I improvised an instrument by cutting off the end of a small male catheter (silver), passed a wire through, sharpening the point thereof, and finally succeeded in passing it into the cavity of the uterus, which operation was followed by an intensely fetid discharge—since which operation I can pass the sound four inches beyond the os externum. I find the case rapidly improving, and the uterus returning to its normal size. Catamenial discharge restored. I mention this case as one more testimony against the criminal abortionists plying their infernal trade by puncturing the substance of the uterus, thus producing metritis and occlusion.

Rheumatism and Gout.

During this fall and winter, I have had three well-marked cases of Inflammatory Rheumatism, and one of Gout of long standing, which I mention only on account of the treatment. They were all treated by the use of Propylamin. chlorid. The rheumatic cases yielding in from three to twelve days, and the gout in ten. I have used this article in Inflammatory Rheumatism for ten years with general success, and have never seen a patient relieved by it have a recurrence of the disease, and but few followed by any chronic symptoms. Neither have I ever found it succeeded by valvular disease or pericarditis.

This was my first attempt at using it in gout. But as my patient had made the tour of Europe and called in the aid of the best surgeons of London, Paris, Rome and Venice, I concluded to make the attempt. The case occurred in September, and there has been no return since, although for seven years previous the patient had not passed a single month without a severe attack. The principal part affected was the stomach. I have had no opportunity of testing it further.

Obstetrics.

In obstetrical practice, I have met with very few difficult or abnormal cases. One case of puerperal convulsions occurred, which was immediately broken by an endermic injection of three drops of Norwood's tincture of

veratrum viride. A plan of treatment I believe original with myself, and reported through you in Transactions of 1870. I hope other practitioners may be induced to avail themselves of this plan of extricating their patients from the most horrible condition that both patient and accoucheur can be placed in. It almost immediately reduces the heart's action, thereby relieving the pressure on the brain, relaxes the system, and promotes dilatation of the os, which of course facilitates the delivery.

Uterine Treatment.

Of cases calling for uterine treatment, I have had an unusually large number, and feel inclined to insist upon less, rather than more, treatment than is fashionable in these cases.

So far as I can follow the teachings of experience, I have been led to discard nitrate of silver, chromic acid, potassa fusa, etc., and adopt carbolic acid and astringents.

Ruptured Uterus.

Read before the District Medical Society for the County of Burlington, April 7th, 1873,

By Samuel C. Thornton, M. D., of Moorestown, Burlington Co., N. J.

A table showing the comparative number of some of the difficulties and irregularities that occurred in the Eastern District of the Royal Maternity Charity of London, during a period of eight years, shows that there were nineteen thousand, four hundred and thirty obstetric cases of these kinds.

Of this number, five were of ruptured uterus and vagina, or one to about four thousand.

At another period, at the same place, out of thirty-five thousand, seven hundred and forty-three deliveries of all kinds, nine were accompanied with ruptured uterus or vagina. The same relative proportion holds in this as in the preceding one. All the aforementioned cases of rupture were fatal.

In two years there were fifty-two hundred and forty-two deliveries, and four cases of ruptured uterus and vagina. Seven thousand, eight hundred and seventy-eight deliveries in the next three years, and no case of ruptured uterus and vagina.

But in eight years, the average number of cases of ruptured uterus and vagina was, as before stated, one to four thousand.

Moreau states: "Being sent for to see a woman who had been in labor for twenty-four hours, we found her in a frightful condition, with tympanitic abdomen, frequent pulse and hurried respiration. The thighs of the child had been fractured, its extraction being impossible, as we were told, on account of the umbilical cord being between the limbs. After having ascertained that this pretended cord was only a loop of small intestine, we proceeded to the delivery, which was soon followed by death. It is probable that, in applying the forceps, the cul de sac of the vagina had been ruptured, and the fœtus had passed partly or wholly into the abdomen, and that in bringing down the fœtus, a loop of intestine had been permitted to slip between the lower extremities."

I have quoted this case from Moreau's large work, "Practical Midwifery." Although he does not state the cord appeared externally, this is the only case I have found, in the various works on obstetrics, that at all approximates the unfortunate one I attended.

"During labor," Dewees says, "the uterus every now then is ruptured; and perhaps, even oftener than at present we dare assert. Sometimes this accident is concealed, from ignorance, and, at others from design; hence, many cases must occur of which the profession remains uninformed. Nothing can justify the concealment of this event—though we promise ourselves but little by the avowal; but it is a duty we owe the connections of the unfortunate woman, as well as the profession itself. Concealment often arises from a previously adopted theory upon this subject, and the supposed risk of professional reputation; than which nothing can be more disingenuous or hypothetical. I would, in one word, recommend in all such cases, its most speedy avowal to those immediately concerned in the event; and must declare I should declare the conduct as highly derogatory to the honorable feelings which every medical practitioner should possess, as well as doing serious injury to the advancement of obstetrical knowledge."

1873, February 28, 10 P. M., Thomas Hare, of Fairview, four miles from Moorestown, requested me to attend his wife in parturition. Each of her nine parturitions had been of short duration, and the next to the last one was over before she had time to obtain the assistance of a female neighbor. Believing that this, her last one, would be as quickly and safely finished as the rest, the fatigued state of myself and horses, and the condition of the road, all induced me to decline going. I advised him to get a neighboring midwife; or, if he must have a physician to get one, of whom there is no scarcity.

March 1st, at 4½ A. M., he came again, and to gratify his importunate request I visited her, arriving at his house at 5½ A. M.

Two German midwives were in attendance all night.

The parturient was healthy and forty years old.

The forenoon of the 28th she spent in riding. In the evening labor commenced. A German, the principal executioner, plying his vocation under the colors of the mountebank Hahnemann, had been brought from Delanco, which is three miles from Fairview, and seven from Moorestown. After three hours of worse than useless efforts, he was requested to desist, and await my arrival. The reasons he gave for not being willing to wait were both absurd and false. e. g. It was illegal for him to practice in another township; the obligation he would be under of paying me ten dollars; and the necessity for instrumental interference—the instruments for which he did not have, &c. The true reasons, however, are easily surmised. And he made his exit; but unfortunately for others, not into the "last scene of all, that ends this strange eventful history." Galanthis had not been here, for I soon found that the evil genius Lucina sat before her door.

The left arm blue and cold, a fold of the cord as long, and both as far below the vulva as the impacted shoulder would permit, demonstrated what was the accoucheur's duty. In this condition the Delanco tragedian, with infinitessimal ideas, found her and left her; and he too was in his Sixth Age —as Jacques in his reply to the Senior Duke has it. A quart or more of blood lay between her thighs, and around the child's feet in utero, it was also coagulated. This induced the more haste for version, for I at first suspected the placenta was detached.

As she had no pain, I at once gave a fluid dram of ext. sec. cor., and immediately commenced version. Contrary to my experience in such cases, the version was easily made, and the delivery quickly accomplished. As the child was dead, and the mother still without pain, I left the child's face lying in the hollow of the sacrum, to await contraction of the uterus. In causing this contraction I failed. The child's body was carried over the mother's belly to make the face sweep the sacrum. The child was large and well formed. The placenta was removed by slight traction. And now comes the memorable and sickening scene.

Immediately following the placenta, came down detached from the mesentery several feet of her ileum! Shocked and confounded, I was at once reminded of the atrocious eviscerations of the human subject practiced by Herophilus and Erasistratus, and of the persecutions of the Middle Ages. Certainly nothing in history since the 15th Century have I read equal to it.

The vagina was untorn; but the uterus was rent like the veil of the Jewish Temple. Commencing near the neck on the right side, the fissure extended as far as the top of the womb—but not on the left side, where the child's feet lay. At the fundus, the distance between the edges was equal to the width of the first three fingers of my right hand when in apposition, two and a half inches.

I could not make the intestine remain above the uterus; it would relapse into the uterus, and remain protruding from the vagina and lying on the bed. As I suspected, no enthanasy was in store for her, an opiate was given; and herself and family informed of the exact nature of the horrible case, and the certainty of approaching death. At 6½ A. M., one hour from the time of my arrival, I left. When I saw her at first she was pale, nothing else in her countenance was peculiar. Her pulse was but slightly affected. And the only pain was during the prolapsus of the ileum—at this time she complained of a "terrible cramp in the stomach."

2 P. M., I saw the case with Doctor Stroud. More folds of the intestine were prolapsed. She complains of pains in the upper parts of her thorax; and has a stoicalness equal to that of the youth who tamely submitted to disemboweling by another genus of less specious form. Another examination of the uterus, found no change in its walls, which were an inch, I suppose, in thickness, and the breach of the same width as before stated.

March 2. 2 P. M. The contents of the stomach are ejected with the "coffee-ground matter." Pulse more frequent than heretofore. The protruding intestine is black, apparently inflated to its utmost, and of offensive odor. These large coils, lying between the thighs of the living subject to whom they belonged, presented the most repulsive object I have witnessed. But, as she lay in bed, no one would suspect, from her symptoms, or *tout ensemble*, that such a horrible condition was hers.

March 3. Intestine sloughed off. Woman sinking, and died at 8 P. M. Neither money nor moral suasion could induce an autopsy. The ante-mortem examination was the more thorough, for fear the post-mortem would not be allowed.

Ramsbotham states that if an extensive rent be formed at once, the probability is that labor-pains will be instantly suspended. The women assured me her travail had been very hard while the charlatan from Delanco was with her; and at 8 A. M., during a severe uterine contraction, one of them "heard the womb rip," of this she was positive. Be that as it may, from that time the pains ceased. The parturient could not tell when it occurred.

Dewees and Moreau say this accident cannot be predicted; it can be

known at the moment of its taking place, by a crepitus perceptible to the woman, and sometimes loud enough to be heard by the assistants. Ramsbotham was never present when a rupture occurred, and therefore he cannot testify to its audibleness.

That the uterus would have ripped, even had she been properly attended, is by no means as probable as that it bursted because she was not properly attended.

Agreeable indeed would be the professional life of a physician, could he always make literally true, the aphoristic phrase of Asclepiades, the renowned physician and orator, viz: "Officium esse medici, ut tuto, ut celeriter, ut jucunde curet." Unfortunately, the contrary is true, and the practitioner of medicine assumes a profession of fearful responsibility, care, and labor; and for the responsibity and labor thus assumed and imposed, his compensation is generally too little to be proportionate to the services he renders.

Particularly is this true of one practicing in the country; for he must necessarily combine the practice of surgery, obstetrics, medicine, pharmacy, and occasionally somewhat of dentistry. But worse than all, the ignorant and designing quack is often in public estimation, and by law, the peer of our learned brethren. The highwayman openly gives his victim the alternative of life or money; the charlatan deliberately and systematically, through his culpable ignorance and fatal deception, often takes both.

Fourteen hundred years ago, in his law, Hippocrates compared uneducated physicians to tragedians. "Such persons are like the figures which are introduced in tragedies; for, as they have the shape and dress, and personal appearance of actors, so also physicians are many in title but very few in reality."

Case of Placenta Previa.

BY D. B. VANSLYKE.

About 11 o'clock P. M., February 9, 1878, I was called to see Mrs. S., an American, about thirty-five years of age, of cachectic habit, with indolent ulcer on one of her legs, of many years' standing. I found her suffering intense uterine pain, and from the powerful expulsive effort she was making, I should have supposed her in the last stage of labor. There was present most distressing nausea and vomiting, the least thing taken into the stomach being instantly rejected; and if denied cold water, for which she was clamorous, the retching still continued. On examination, I found no progress

whatever had been made; the os uteri being so firmly closed that I could not introduce even the end of my finger.

I noticed in the woman's breath a strong odor of spirits, and as she did not consider herself within two weeks of her time, and her former labors—this being the fourth—having been normal, rapid and easy, I attributed her present condition to over stimulation. However, to be sure, I prescribed ox-cerii., grs. iii., morphiæ acetatis, gr. 1-12, to allay nausea, and waited half an hour. At the end of that time the pain and retching continuing unabated, the former recurring as often as every three or four minutes, and the os uteri showing no disposition to yield, I gave a sub-cutaneous injection of ¼ gr. of morphia sulph., which soon quieted the pain, so that before I left the patient was sleeping quietly. There had been no hemorrhage during the pregnancy, nor was there up to 12 o'clock M., when I left for home, feeling no uneasiness about the case, as I could make out, through the uterine walls, a vertex presentation, and felt sure normal labor would come on in due time.

At 5½ o'clock in the morning, I was sent for again, and a few minutes before six I was at the bedside of the paitent. I found that the effects of the morphia had lasted but a short time, that the pain and retching had returned, and been as constant and severe as before.

Examination revealed the os uteri dilated to about the size of a silver dollar, rather rigid, but apparently dilatable, and membranes ruptured. There was considerable hemorrhage, but not enough to excite alarm, had not the cause been only too apparent—one edge of the placenta fairly overlapping the os. The pains were only moderate—had lost their spasmodic character, and were four or five minutes apart. I was considering what course to pursue—whether to plug the vagina, and await events for awhile, or proceed at once to forcible dilation, when the recurrence of pain brought a great gush of blood, and determined me at once to take the latter course—dilate the os as rapidly as possible; and as soon as I could introduce my hand into the uterus, turn and deliver.

Comprehending fully the imminent peril my patient was in, I sent a messenger to Dr. J. H. Pugh to come as soon as possible to my assistance. I introduced my entire hand into the vagina, but with the first effort to dilate there came such an alarming flow of blood, that I determined to detach the placenta, in the hopes of checking it, and gaining a little time. I did so as quickly as possible—still continuing my effort at dilation—the os slowly yielding, but not yet sufficiently to allow the passage of my hand. By this time the bed was deluged with blood, and a stream running upon the floor.

At this moment Dr. Pugh arrived, and I relinquished my place to him. After about ten minutes' effort, he succeeded in passing the os, and very soon had turned and delivered the body of the child, but was obliged to resort to the forceps to deliver the head, which required several minutes, on account of the unyielding condition of the os. All this time the patient was on the verge of syncope, and taking stimulants constantly, and when delivery was effected, we saw at a glance that she was moribund. In five minutes more she breathed her last—scarcely an hour and a quarter from the time I entered the room.

It is especially noticeable in this case, that there were no premonitory symptoms of placenta previa, and that flooding came on so rapidly as to leave no time for ordinary means of arresting it; and in reviewing all the circumstances of the case, I am unable to see how the treatment could have been varied so as to have increased, in any way, the chances of a more favorable result. The only point about which there could be any difference of opinion, is the propriety of detaching the placenta, and I believe the procedure is justified by the highest authorities. Still, I should not myself think it good practice, except in cases of imminent danger, like the one before us. Were the hemorrhage slow, so that plugging and ergot could be used, or the os so dilatable that turning could be rapidly effected, detachment of the placenta would, I think, be indispensable.

A physician may not meet a case so terrible and appalling as the above in a life-time; yet we should have such possibilities ever before us, that no chance of saving life may ever be lost by delay or indecision. It is because of the profound impression of this feeling upon myself, that I have given this case, in the hope of impressing others, in some degree, with the same sentiment.

CAMDEN COUNTY.

To Chairman of the Standing Committee, &c.:

The general health of the inhabitants of Camden county has been above the average of the past few years. The diseases of the different seasons have presented nothing of particular interest, and in no part of the county have we had what is called a sickly season.

In the report of last year, mention was made of the close of

an epidemic of small-pox of great severity, and in some localities of peculiar fatality. On the approach of warm weather this loathsome disease almost entirely disappeared. The health Reports of the city of Camden show but one or two deaths from this disease, for the year ending May 1st, 1873, whereas in the previous twelve months there were reported nearly one hundred deaths from this source alone, showing conclusively that the epidemic has entirely died out; the few cases that were reported at the health office were among those who had contracted the disease at some other locality. So far as my own individual experience has extended, we have this disease prevailing in our community in an increased degree about once in seven or eight years; but the epidemic of last year was the most severe that has occurred here for many years.

The summer of 1872 was remarkable for its high temperature and long continuance; the hot weather extending until near the end of September, without, however, any protracted drought, the earth being refreshed with occasional showers. During the hot weather, diseases of the alimentary canal were quite prevalent, especially among the children in the city of Camden, who lived in crowded and ill-ventilated apartments. The experience of the last few years in our large cities, conclusively establishes the fact that bad air in an equal degree with improper food is one of the principal causes of the great mortality among children, and that by proper sanitary and hygienic regulations the mortality from this source can be very much diminished. In many cases of cholera infantum, the prompt removal of the patient to a cooler and healthier atmosphere, had alone, almost without any medication whatever, been followed by an almost complete restoration in health. With regard to the treatment of cholera infantum in our own experience, small doses of sub-nitrate of

bismuth in combination with pepsine has seemed to answer, in many cases, better than the treatment by means of opiates and vegetable astringents, on account of the latter producing in some cases, cerebral complications, an unfavorable complication in this form of infantile disease. Mercurials in the form of calomel or hydragyrum cum. creta can also be used with much advantage, especially in cases of great irritability of the stomach. Some practitioners of high authority in the profession, have of late years almost entirely discarded the use of mercurials in most of the diseases of children; but certainly in our somewhat malarial region they often answer a very useful purpose, and cannot be safely dispensed with in many of our summer and autumnal diseases, whose hepatic disturbances are so frequently met with.

Dysentery, which in former years was a very common disease in summer and autumn, has of late very much diminished; it was often associated with our fall fevers, especially bilious and remittent fevers, and these last two forms of fevers have very much diminished, owing we think to our improved sanitary condition; the enhanced value of land near our large cities has caused many acres of low, swampy land to be reclaimed and rendered fit for cultivatiou, thus removing one fruitful source of malaria, which caused our autumnal fevers and other diseases of similar origin. Intermittent and remittent fevers, which were considered a few years ago as the necessary consequence of our geographical situation, have of late years very much diminished, owing, as we have stated in previous reports, to our improved system of underground drainage, which is being extended year by year over our entire city limits, with manifest and permanent benefit to the health of our citizens.

In striking contrast to this general improvement in our sanitary condition, may be mentioned one part of the Seventh

Ward, that has been but recently annexed to the city. Here a pond of water has been allowed to stand year after year, and, owing to the increase of our city in that direction, has now been surrounded by dwelling-houses, occupied by the the poorer portion of our population. Here Intermittent and Remittent Fevers prevail almost universally, from July until late in November. Quinine and other anti-periodic remedies will stop the disease, but as the cause is still acting, it will return again and again, until the cold weather removes the source of the disease.

Dr. I. W. Snowden, of Waterford, reports, that during the last summer and autumn Intermittents were quite common in his neighborhood. He also reports Cholera Infantum and Dysentery were quite frequent; the latter showing a remarkable tendency to return, and relapses were quite common. May not this tendency to return be owing in a measure to the same cause that produced the Intermittent Fever, namely, Malaria? This was the case in this vicinity a few years ago, when Dysentery was very often associated with Intermittent Fever, and when quinine, in combination with mercurials and opium, was the great and successful remedy.

Typhoid Fever, commencing as such from the beginning, has occurred to a limited extent during the entire year, being seen as often in midwinter and spring, as during the hot weather. In some cases our ordinary intermittents and remittents, if neglected or improperly treated, would sometimes run into a low form of disease, especially when complicated with local inflammations; but these latter cases we consider as different from the true typhoid fever, which shows its characteristic features, as petechiæ sudamina and diarrhœa, with intellectual dullness at a very early period of the disease. It cannot be cut short by quinine or any other anti-periodic remedies, and sometimes terminates fatally when convalescence seems

to be fairly established, by sudden perforation of the bowels, causing acute peritonitis. Without this sudden unfavorable termination of the disease, typhoid fever is not a fatal form of disease.

We may here, in considering the diseases of autumn, make mention of the remarkable epidemic among horses which, for want of a better name, was universally called "Epizooty." Commencing in Canada in the early part of October, it spread rapidly southward, and reached here the last of that month, and prevailed almost universally among the equine race. So far as its local symptoms were concerned, it was a disease primarily of the mucous membrane of the nose, larynx, trachea and bronchial mucous membrane—in fatal cases ending in Pneumonia.

During the latter autumn and early winter Influenza prevailed to a very large degree, both among adults and children, and following so soon after the horse disease, and being similar to it in its nasal and catarrhal symptoms, many persons were fully convinced that they also suffered from the Epizooty; but it was, in fact, only the influenza, such as we see it occasionally every few years. It was a disease easily managed, and was only fatal in very old persons, whose vital powers were very much enfeebled, or in very young children.

When winter fairly commenced, which was early in December, Bronchitis and Pneumonia were frequently met with. Unless the Pneumonia assumed a typhoid character, it was not generally fatal; but Typhoid Pneumonia was always a serious disease, mostly terminating unfavorably.

As a rule, the treatment of Pneumonia by general bleeding from the arm, once thought to be essential, seems now to be generally abandoned; although local depletion by cups, followed by blisters, is very often used with great advantage, while stimulants and a generous diet are used internally.

Scarlatina has prevailed more or less throughout the entire year, but in a comparatively mild form. Cases of Malignant Scarlet Fever have been rarely met with.

During the winter and spring months, Measles and Mumps have been very prevalent in Camden—to such an extent as very seriously to diminish the number of pupils in attendance on the public schools. These diseases have, as a general rule, been of a mild character, requiring but little active treatment —only careful nursing and due prevention of taking cold.

Diphtheria has been met with more or less during the whole year, but not as an epidemic. The fatal cases were, for the most part, from an extension of the local disease in the throat into the larynx and trachea, the patient dying with the symptoms of Membranous Croup.

A few cases of Cerebro-Spinal Meningitis have been reported during the year. The fatal cases being mostly among adults, whose life has terminated very suddenly and unexpectedly by convulsions.

Altogether, in summing up the sanitary condition of our county during the past year, we can safely say, that the general health has been above the average of previous years. Our ordinary diseases have, for the most part, been mild, and yielding readily to appropriate treatment. Some few cases of remarkable interest have been brought to the notice of your Reporter.

Dr. I. W. Snowden reports a case of deficient abdominal walls at the umbilicus at birth in an infant. There was a hernial tumor four inches in diameter, protruding three inches beyond the abdomen, the cord was attached to the centre of the tumor and the latter was covered by a reflexion of the tissue covering the funis. The intestines could be seen distinctly through the tissue; the true skin gradually formed in isolated spots, which coalesced and covered the tumor in about three months.

A remarkable case of ovarian tumor in a young girl only 16 years of age, came under the notice of your reporter which it may be of interest to mention.

Case of Ovarian Tumor.

The patient suffered from a severe attack of scarlet fever in the winter of 1871; having previously been in good health. She had menstruated but twice previously to the attack of scarlet fever, which was of the anginose form, and not of unusual severity; she had recovered sufficiently to go out of the house; in March, 1871, she first noticed an enlargement of the abdomen; her general health was good, and all the functions regular with the exception of the catamenia; but as these were deficient there were suspicions of pregnancy, without, however, any special reasons for supposing such to be the case. I first saw her in the month of May, 1871, at which time the enlargement of the abdomen was evident to the eye; on examining the abdomen a hard tumor was felt rather to the right of the median line; it was not at all painful. Refusing to submit to a vaginal examination, the diagnosis had to be made without that aid; she was put upon the use of iodide of iron, and quinine, with some benefit to her general health, but without any diminution in the size of the tumor, or appearance of the catamenia; after a while there was œdematous swelling of the feet and ankles, with indistinct fluctuation in the cavity of the abdomen; but not in the tumor itself, which remained hard and unyielding.

The diagnosis of ovarian tumor with abdominal dropsy was now evident; she was put upon the use of elaterium, and a decoction of Irish brome, one ounce to a pint; this she took daily, as I had found it of benefit in similar cases; this treatment soon reduced the swelling in the feet and ankles,

and also the size of the abdomen, which by actual measurement was several inches less in diameter than before this treatment was commenced; the tumor itself could be still felt, hard, unyielding and still rather increasing in size; her general health was, however, very much improved, and she was able to walk considerable distances without much inconvenience, except from the weight of the tumor itself. At this time I left home for the summer, and did not see her for more than two months. Towards the end of the year she complained very much of the increased size and weight of the tumor, and it was evident that diuretics or cathartics would not remove the fluid from the sack. In consultation, it was decided to remove the fluid by tapping the abdomen in the line of the linea alba, which was performed by Dr. Schenck, when sixteen quarts of a dense ropy fluid was drawn off, which by the aid of heat and nitric acid was found loaded with albumen. She experienced great relief from the operation; but in the course of a month she was nearly as large as ever. She was tapped again in March, and in June, with like temporary benefit; but as the benefit was only temporary, Dr. D. Hays Agnew, of Philadelphia, saw her and advised the removal of the tumor by ovariotomy; but as he was about leaving for a short tour in Europe, it was agreed to defer the operation until colder weather, when he would be back again.

She was tapped again for the fourth time in the early part of September, this time a little to the right of the linea alba; but only about five or six pints of fluid could be obtained. The last operation was followed by great prostration, from which she never fairly rallied, and died on the 17th of September.

The autopsy made thirty hours after death, showed an enormous tumor springing from the right ovary, to which it was attached by a narrow pedicle; the adhesions to the ab-

dominal walls were only slight and were easily broken up by the handle of the knife, so that the tumor could have been removed without any great difficulty ; its weight was, with the contained fluid, 63 pounds; the sack was divided into several compartments of different sizes, and with fluid of different degrees of consistency and density.

Case of Hornet Sting.

A case of nearly fatal results from the sting of the hornet came under the care of your reporter last summer. A lady with a sun-bonnet on her head, was gathering roses from a bush under a pear tree upon which, unknown to her, was a large hornet's nest. She was stung six times on the crown of the head, through the bonnet, and four times on the back of the neck; she suffered severely at the time from the stings, and when I saw her, about an hour afterwards, she was in a cold, collapsed state, with a small, thready, almost imperceptible pulse, with cold, clammy skin, complaining of great prostration, with a slight delirium and wandering in her mind. Dilute aqua ammonia was at once applied over the parts that were stung, which soon gave great relief to the local pain; she at the same time took internally aromatic spirit of ammonia with brandy and whisky ; in a short time she rallied considerably, but complained of great headache and restlessness. She then took 10 grains of lupulin every hour for two or three hours, when she went to sleep, but was awakened by an intolerable itching over the whole body, which was covered with a bright red eruption, which continued about thirty-six hours, after which she gradually regained her usual health.

A case somewhat similar occurred here a number of years ago, where a lady in attempting to replace a hive of common bees which had been accidently overturned, was attacked by

a large number of the bees; here there was great swelling of the face which was the part chiefly stung, with obstinate and severe vomiting which lasted for two or three days.

Dr. Alex. Marcy reports a very interesting case of

OBSTRUCTION OF THE GALL DUCT,

which lasted for nearly eighteen months. A lady was taken with a severe pain in the right hypochondriac region shortly after coming out of the water at Cape May, 1871. The pain, which was very severe, was relieved by the hypodermic injection of sulphate of morphine. She soon became jaundiced over the whole body, which remained persistent. She suffered with attacks of severe pain generally every two weeks, often accompanied with severe vomiting; the attacks of pain after a time occurred almost weekly; in February, 1873, after an attack of pain of unusual severity lasting for twenty-four hours, she was suddenly relieved, and in two days a large rough gall stone weighing 7½ grains, and one quarter of an inch in diameter, was passed by stool; in a few days the jaundice entirely disappeared, and she has remained in excellent health ever since. Upon examination, the gall stone was found to be composed of pure cholesterine, rough on its exterior surface, but clear and bright internally. With regard to the treatment, she was put upon the use of quinine in large doses, with a view of breaking up the periodicity of the pains, but without any benefit; she also was put upon the use of mercurials, with a view of increasing the flow of bile and thus forcing the stone out of the duct by, as it were, a *vis a tergo* force; she also was blistered over the seat of pain, which was done just before the passing of the stone through the duct into the intestine.

Since our last annual meeting we have lost by death, Dr. Isaac S. Mulford, of Camden, the oldest practitioner of medicine in our county. Dr. Mulford was engaged in the practice of medicine in Camden for more than 50 years, and enjoyed the respect and the confidence of the community in which he lived, in a high degree.

He was taken sick with an attack of inflammation of the mouth and fauces, which gradually extended into the larynx and trachea, and while suffering from this sickness he was seized with an attack of angina pectoris, to which he had been occasionally subject, and died February 17th, 1873, in the 73d year of his age.

Dr. Mulford has been a member of our District Society ever since its first formation.

A biographical notice of Dr. Mulford has been prepared by his family physician, Dr. H. G. Taylor, which is appended to this report.

RICHARD M. COOPER, M. D., *Reporter.*

CAMDEN, May 8th, 1873.

CAPE MAY COUNTY.

REPORT BY VIRGIL M. D. MARCY, M. D.

To Chairman of Standing Committee, &c.:

There has been about the usual average of sickness, both as to kind and quality, with one exception. Intermittents, as last year—though so prevalent a year or two ago—are rather infrequent. In this southern part of the county we have had almost none of the ordinary winter diseases. I am informed by Dr. Randolph Marshall, of Tuckahoe, that there have been quite a number of cases of Pneumonia and Pleuro-Pneumonia in that part of the county. He reports his cases as

having all recovered, upon treatment adopted; verat. viride entering into it as a prominent remedy.

I have heard of some little Scarlatina, but nothing like an epidemic, so far as I know. The only epidemic of any extent has been one of Measles, in the lower part of the county, and this, remarkable for nothing except its extent, or rather *completeness* and mildness, so far as the primary attack is concerned. We had not had a regular epidemic of measles for many years, consequently many had reached maturity, married, and had families of their own, and were unprotected. The epidemic began in October, and is only just now dying out. I have seen families of six and seven all prostrated by it together, parents and children. In one instance, a mother and five children all down at one time and all in one bed. All came through safely. Old and young alike, from the infant of two weeks to the old man of sixty-five years, succumbed. It will be many years before there will be material enough in the place to get up a respectable epidemic of this disease. Very little treatment was required during the primary attack. The sequelæ were frequent, and in many cases severe, but not fatal. I suppose there must have been, first and last, about eight hundred cases of the disease, and I think that eight to ten would cover the entire mortality arising therefrom. What a beautiful chance to test the power of the hypo-sulphites, says some one. In a few of the more severe cases the hypo-sulphite of soda was used freely, but, much to my disappointment, with no visible effect. I could see neither a mitigation of symptoms, nor diminution of the length of attack, and at last abandoned it altogether.

There has been one other disease, or rather set of diseases, more common with us during the last year, and part of the year before. I refer to disturbances of *heart action*. I think I have seen during the last year and a part of the year before,

more cases of "heart disease" than for twenty or more years past, all put together. I have sought in vain for the cause. It mainly puts on the form of "irritable heart." For the most part easily quieted down by rest and tinct. digitalis, with martial tonics, etc. Old cases of organic disease, that have remained stationery for years, have flared up with this new action, and persons who never had any affection of the heart, have been subjects of attack. None have been fatal.

Diphtheria still remains with us, but only as endemic, and mostly in its modified form, and very amenable to treatment.

CUMBERLAND COUNTY.

To Chairman of the Standing Committee, &c.:

I have to report that the District Medical Society, of Cumberland County, continues in a flourishing condition. Additions were made to the roll at the last two meetings, of new members from the adjoining counties of Salem and Cape May; no medical organization existing in those counties. Our semi-annual meetings are seasons of pleasant social intercourse, promotive of fraternal feeling among our membership.

The medical history of the county probably, with some exceptions, differs little from that of former years. Each season brought with it the usual amount and variety of disease.

The summer of 1872 was remarkable for its intense and continuous heat, which extended late into autumn and was not relieved even by the ordinary amount of rain-storms and thunder-gusts.

The general health of the county was good, notwithstanding this long term of extreme heat and dryness, except with children under two years of age.

Infantile cholera frequently occurred. Many cases in the city resisted the use of ordinary remedies and seemed to require removal to a cooler atmosphere. A single days residence at the seaside or country place would produce a manifest change and show the importance of those hygienic and sanitary measures so generally disregarded. Pure air and wholesome food often accomplish more than drugs, especially when used without the former.

Intermittent fever with its three distinct stages of a chill, followed by a fever and ending with a profuse perspiration is rare in this district.

Remittent and bilious fevers frequently occur. Dysentery is unusual.

An irregular intermittent is frequently recognised, in which the chill is barely, if at all, perceptible and the fever is followed by a slight perspiration.

Many other forms of disease assume the periodic character. Particularly often do neuralgias and rheumatism show marked periods of amendment and of apparent aggravation. Successful treatment rarely follows without the use of quinia.

The past winter has been remarkable for its protracted severity. The excessive variation in the temperature produced a large amount of disease of the respiratory organs.

Pneumonia and pleurisy were prevalent. The latter, however, was rarely met with by itself, but usually combined with the pneumonic inflammation.

Pneumonia was very fatal among elderly persons and in those with the powers of life depressed from any cause. It appeared in many cases of an asthenic type, which rendered it necessary to maintain the strength with suitable nourishment while meeting the symptoms with the appropriate remedies.

Venesection is seldom practiced in this district. Verat.

virid. subdues the excited, bounding pulse without the exhaustion that is so apt to result from the loss of blood.

We think it best not to commence at a too early period with the use of alchoholic stimulants. Good diet alone is best for a time, while the assistance of the spirits comes in at a later stage with the happiest results.

Scarlatina, so often met with in an epidemic form, occurred only in a few instances sporadically and was amenable to treatment. Dr. Potter reports that he was especially pleased with the use of chlorate of potassa in the sore throat of scarlet fever. It removed nicely the ulceration from the tonsils and adjacent parts, and relieved the congestion.

An exception to the usual absence of epidemics was the prevalence of *rubeola* during the winter and spring. It extended throughout the city limits and was severe in its symptoms. The bronchia were in many cases much affected. Diarrhœa was a usual complication and sometimes persistent in character. The measles were especially severe among adults and in married women; among children they were mild and easily managed when proper care was exercised to protect the child from the vicissitudes of the weather during the forming stage, but when the patients were exposed to cold or dampness, complications were very apt to result.

Dr. Stathem reported thirty cases of typhoid fever in the vicinity of Greenwich, which yielded well to the ordinary remedies. The disease proved to be of a more severe character in Dr. Bateman's practice at Cedarville. He met with a large number of cases among children between nine and eleven years of age. One case of a bright little girl resulted fatally from the uncontrollable diarrhœa, and in another, hæmorrhage from the bowels carried off the little sufferer. Two of Dr. Bateman's cases terminated in enlargement and suppuration of the parotid gland.

An exanthematous disease, the epidemic roseola, accompanied with anginose and bronchial symptoms has been usual with us. Considerable inflammation of the fauces was observed, which often extended to the submaxillary glands with tumefaction of the adjacent cellular tissue. Indeed, the symptoms would, at times, so simulate scarlet fever and measles, that parents were frequently induced to enquire if it might not be one or the other, as the anginose or bronchial symptoms predominated.

Coincident with and following the equine epizootic which swept over the country so generally last autumn, was an influenza among the human species, the result doubtless of an equally epidemic influence of the same or a very similar nature. It affected all ages, from the nursing infant to the old men and women, and included the robust equally with the weak, attacking several or all the members of the household in turn. Its symptoms varied. The disease usually commenced with coryza. Inflammation extended often to the frontal and maxillary sinuses and to the conjunctiva. Frontal headache with a feeling of tightness across the forehead was prominently noticed. The constitutional symptoms were marked. The patient would feel chilly and feverish alternately; sudden prostration of strength from the outset was one of the most remarkable phenomena and was accompanied with as equally depressed spirits. The local phenomena were strongly marked; the laryngeal implication with hoarseness, a watery discharge from the eyes, swelling of the submaxillary glands and pain or rather a feeling of soreness throughout the body, particularly in the limbs and back. Pain was most severely felt in the back of the neck; ear-ache was an ordinary complaint among the younger patients, and was followed by a discharge from one or both ears. The mucous membrane of the respiratory apparatus received the force of

the disease. The gastric and intestinal lining was sometimes involved, resulting in a failure of the appetite, with nausea and perhaps diarrhœa.

One of our prominent citizens died recently from cancer of the pylorius. A peculiar feature of the case was that no vomiting occurred during any stage of its progress, for which reason Dr. Wm. Elmer was inclined at first to locate it at a lower point, probably among the mesenteric glands. There was constipation with flatulence and most severe pain. No pain whatever was endured throughout the season of peaches, of which fruit the patient always ate heartily.

A singular case of

MONSTROSITY

occurred in our vicinity. A Mrs. G. was delivered of a male child in November, 1871. It was discovered to have a hare-lip, and upon further examination a cleft palate was found to completely open into one of the buccal and nasal cavities. This pitiable object was unable to nurse and survived only two or three months. The mother was again recently confined and the same deformities were found to exist in this child, only in a worse degree. The hare-lip was double, while the portion of the lip between the two fissures extended out to and depended from the point of the nose. At last account it was doing well, but it seems desirable rather that it might succeed to the fate of its predecessor.

Dr. Wm. Elmer reported a case of

CONGENITAL CHIGNON.

A veritable chignon, of proper shape and in proper position. The wearer fortunately died in a few days after birth. A post-mortem examination proved it a sack proceeding from a

foramen below the occipital bone, lined with the brain membranes and filled with a gelatinous fluid.

Dr. H. W. Elmer strongly recommends the hypodermic use of atropia in sprains, and severe local pains generally.

A case of severe burn is reported in full by Dr. Tomlinson, of Roadstown.

T. J. SMITH, *Reporter.*

Case of Burn, by Dr. Tomlinson.

On the evening of the 7th of December, 1872, a young lady aged about twenty years, daughter of W. T—., who by some mishap in the midst of an evening party, upset two lamps of kerosene, the contents of one being spilled upon her in a blazing condition, and burning her almost literally from head to foot. The first thought of her friends was to get her in a recumbent position as soon as possible, and cover her with the carpet which was on the floor. The carpet being tacked down, and a number of persons standing upon it, probably some minutes elapsed before they could accomplish the object, in the meanwhile, however, doing something by risking their own hands in handling the burning clothes. The fire was smothered, however, as speedily as could well be done under the circumstances. Fortunately the face and front part of the body escaped. The back of the neck and shoulders were extensively, though not deeply burned. The left arm, from shoulder to elbow, was deeply burned. The lower extremities were badly burned. The left one, from hip to knee, full half the surface and very deep, and almost the entire surface from knee to foot, also deep. The nervous system was considerably excited, accompanied with some prostration of the circulation.

I immediately administered morphia to quiet the nervous system, and aromatic spirit of ammonia to rally the vital powers.

My principal dressing at first was the common liniment of lime water and olive oil, finishing up with glycerine ointment, as my supply of the former fell short and could not be readily obtained.

The case required very careful attention subsequently, and treatment varied according to circumstances. In the main, however, a tonic and supporting treatment was required as there was a great deal of sloughing; an enormous quantity of pus discharged.

The tonics consisted chiefly of quinine, salacine, serpentaria and elixir of vitriol. Anodynes of morphia at night.

The dressings were varied. Glycerine ointment, simple cerate, mutton tallow with a light covering of glycerine ointment, &c. During the slough ing, cataplasms of charcoal and slippery elm; washes of white oak bark tea; solution of nitrate of silver, which appeared to work well either to reduce exuberant granulations, or to stimulate when there was want of action.

One remarkable feature of the case was, that some of the deepest burns were under clothing that was not burned through to the skin. The fire being smothered, the intense heat passed through the clothing and destroyed the vitality of the parts much more deeply than we suspected from the first appearance.

Fortunately there is no contraction of tendons or stiffness of joints resulting, neither cicatrices remaining, but what will be under her clothing.

Her general health is now good, and the ulcers all healed, except one on the left leg, ~~which is yet unhealed.~~

ESSEX COUNTY.

To Chairman of Standing Committee, &c.:

From all that can be gained from correspondence and such other means of inquiry as have been at my command, I am not able to report the sanitary condition of Essex county for the past year as materially different from that of the twelve months, ending May 1, 1872. The diseases which have prevailed, in the main, throughout our district, have been such as are common with all practitioners in corresponding localities—to quote from a valuable communication from Dr. J. J. H. Love, "they have been such, as in years past, and such as will be in years to come, in every thickly populated community like this (Montclair), viz.: those consequent on climatic changes, on the disregard of what should be well-known hygienic laws, on ignorance in the rearing of infants, on the

improper use of intoxicating liquors, on that fatal hereditary influence which is constantly producing Phthisis Pulmonalis, and on the unfavorable location and unwholesome surroundings of dwellings."

Small Pox still prevails to some extent in the city of Newark, the number of cases being less than that reported last year; occasionally a case has made its appearance outside the limits of the city.

Diphtheria has appeared in different places, several physicians reporting its occurrence in their practice. I have seen seven cases, in all of whom recovery took place. In five, the paralysis which is frequently seen as a sequela, followed, the symptom yielding to the exhibition of strychnia, iron, a generous diet, and the use of electricity; liberal doses of the tincture of iron, quinine and stimulants, with good food, being the main reliance during the acute stage. Little attention was paid to the condition of the throat, save in the use of a carbolic acid gargle, when the secretions became offensive. Two fatal cases of the malady have been reported in the city of Orange.

Scarlatina is reported from various localities. Dr. Love states that about twenty cases have occurred in Montclair, two terminating fatally, "the intensity of the attack overwhelming the vital forces on the fourth day." I have encountered one fatal case out of nine who were afflicted with the disease.

Cerebro-spinal meningitis, which had just appeared at the time of rendering the last report, did not become epidemic; it entirely disappeared during the summer, fall and early winter; later, cases are again reported.

Varicella and pertussis have been epidemic in some regions, measles in others.

Pneumonia has prevailed to some extent; Dr. Love observing it among children and youth especially. It has been

of a mild form. In children under ten years of age, the following plan of treatment has been found very efficient in Dr. Love's hands, for many years:

℞

Vini ipecacuanhæ.
Syr. tolutani ā ā ʒiii.
Aquæ ʒvi.

M. S. One-half teaspoonful every 2d hour.

℞

Spts. vini rectificat. O ss.
Resinæ.
Ceræ flavæ.
Saponis vulgaris ē ā ʒvi.

Melt the last three together; when removed from the fire add the first. Spread on stout muslin, and keep applied constantly to the walls of the chest. After the fifth day a tonic plan is pursued, the cincho-quinine being the article relied upon, given in suitable doses in combination with syrup, the elixir of Calisaya and a sufficient amount of acid to dissolve the alkaloid. Dr. L. never employs any means tending to lower the vital powers; *e. g.* Venesection, antimony, mercurials, &c.

Dr. Pierson, Jr., of Orange, reports some interesting features in five cases which he saw in consultation; the trouble following vaccination and apparently dependent upon that process. The matter employed was taken from the arm of a healthy child, who had been a few days previously vaccinated with virus which was reported to have been taken directly from the cow. Shortly after the inoculation there appeared on different parts of the patients an erythematous eruption, accompanied by a febrile movement and marked prostration. The pustules did not pursue a healthy course, nor were they surrounded by the patches which were found on other

parts of the body. One case terminated fatally, the mode of death being by *asthenia*, a moderate congestion of the lungs being about the only complication.

Dr. Jobs, of Springfield, has had, during the year past, several opportunities to verify the—to him, before undoubted —truth of the existence of a typho-malarial fever, as distinct from the enteric fever—a fact which is denied by many. He also reports having obseved "an apoplectic state *producing paralysis*, and being *truly periodic* and likewise curable by specific treatment;" and further, a "periodic spasm of the urethra, curable only by quinine, and this after repeated catheterism."

During the long continued and intense heat of the summer of 1872, several cases of sunstroke were reported, some ending fatally. One case coming under the notice of Dr. Love, apparently made a good recovery; the patient resumed his labors as a porter, but six months after began to show symptoms of cerebral softening, which still remain.

The county physician classifies the cases which have received his attention, as follows:—Killed by railroad injuries, 28; still-born, 48; drowned, 26; fatalities from burns and scalds, 31; deaths from dissipation, 13; suicides, 17; infantcide, 1; sunstroke, 5; deaths from neglect, 2; from poison, 2; from murder, 3; from suffocation, 8; from small pox, 2.

As regards new modes of treatment, Dr. Love reports favorably on the use of a solution of carbolic acid, applied constantly on cloths to prevent pitting in cases of variola; also on the use of the Tr. Ferri Chlorid. in doses of forty drops, every four hours, in the management of acute rheumatism.

He also sends the following history of a complicated case of labor:

"On March 5, 1873, in consultation with a neighboring physician, I found a healthy farmer's wife, aged about 30, in la-

bor with her third child. Five hours had elapsed since the labor began; the left elbow and the funis were protruding from the vagina; pains regular and strong; pulse good. With great difficulty the hand was introduced so as to grasp the feet and bring them down; version, however, was effected and the fœtus delivered dead. On introducing the hand to remove the placenta, a polypus was found the size of an ordinary fœtal head, having its attachment by a pedicle about the width of two fingers, to the inner portion of the left side of the cervix; the base of the polypus extending up into, and, with the placenta, filling the uterine cavity. The placenta came away without difficulty. This accounted for the unfortunate presentation, and the trouble encountered in delivering the child. Seeing that the patient was in the stage of collapse from primary shock, no efforts were made to remove the tumor. The uterus contracted well, and no hemorrhage occurred. The patient died in about two hours, from shock."

FRANK WILMARTH, *Reporter.*

East Orange, N. J., May 1st, 1873.

GLOUCESTER COUNTY.

To Chairman of the Standing Committee, &c.:

The earlier months of the year included in the present report offered nothing of special mention. During the spring of 1872, and winter following, the ordinary type of Pneumonia, Bronchitis, Intermittent and Remittent fevers, Gastric and Hepatic disorders were of average occurrence; as were Hepatic and Intestinal diseases through the summer. Scattered through this period were sore-throats of every variety—simple inflammatory, aphthous, ulcerated, and relaxed—Diphtheria of occasional though rare occurrence, not malignant

in type, but tedious and treacherous; no new ideas on treatment. An occasional case of continued fever now and then puts in an appearance—indeed from Woodbury, Dr. Clark reports several cases.

Cases of organic Heart Disease are by no means rare, and in these, we have, as ever, the sad satisfaction of recognizing easily that which we can, at best, but slightly alleviate.

In the cases of Phthisis reported the ordinary treatment was pursued—and the ordinary result attained. In three cases of night sweats reported, oxide of zinc in 2 grain doses, undoubtedly diminished this exhaustive concomitant of the disease.

Rheumatism and Rheumatoid affections continue to be our bane and opprobrium.

Scattering cases of Whooping Cough, Mumps, Chicken Pox, and Scarlatina are reported, the last chiefly in the upper part of the county.

Several cases of Chorea are reported at our quarterly meetings. Of these, some in the hands of Drs. John D. Heritage and Jacob Fisler, were treated successfully, as to time, by the use of the galvanic current as an adjuvant to general tonic and tentative specific treatment. Dr. J. R. Sickler reports a case of great severity. The patient was a girl, large-framed and robust, whose fully developed muscular system, when emancipated from volition, was capable of the most violent and erratic manifestations. Just one of those cases which suggested to Dr. West the propriety of tartar emetic in Chorea.

In the treatment of this case, as reported, the first two weeks were occupied in attention to and improving the secretions and general health; and in finding out what drugs would NOT control the jerkings. During these and the two weeks following, the potassium bromid., chloral hydrate,

belladonna, conium, and cemicifuga were all weighed in the therapeutical balance and found wanting; none exercising any appreciable control over the irregular movements. Chloral in particular, incurred the Doctor's sarcasm; he joining in the opinion that "it is an excellent remedy to put a person to sleep when there is nothing in particular to keep him awake." Eventually, at the end of the fifth week, henbane had the desired effect; and the lady is now virtually (and it is to be hoped, virtuously) convalescent. The preparation of hyoscyamus used by Dr. Sickler was a solution of the English alcoholic extract in whiskey, each dessert-spoonful (the dose) representing three grains of the extract.

Such had been about the run of cases reported for the fall and winter. Since the end of February, however, the county, particularly the lower portion, has been visited by an epidemic of Measles, wide-spread and presenting some peculiarities. Sparing no extreme of age, and expending its violence chiefly upon adults; many cases have been full of interest and not wanting in anxiety. Nor did the history of a previous attack at all unsettle one's diagnosis; since the fact that the patient had "been there before" was soon found to offer no obstacle to his or her "going there again."

The disease generally ran a regular course.

Treatment, in milder cases, expectant and expectorant; the more severe symptoms to be temporized during the height of the attack.

The cough, by simple "brown mixture;" the sick stomach, by bismuth and oxalate of cerium; if persistent, with inability to retain water or ordinary drinks, avoid floating the stomach with hot slops, but allow *iced cider* ad libitum—in all cases being grateful to the patient, and in none (at least in my own and in neighboring practices) causing any disagreeable symptoms. This almost amounts to what is technically termed a "wrinkle."

The sore throat, which is present in a large proportion of cases, frequently severe and ulcerated, to be treated as in uncomplicated cases. Those who have the soft side for the potassium chlorate use it specifically. The head-ache and nervous symptoms indicate potas. bromid. A sulphate of zinc collyrium, alum-curd, and mild red prec. ointment are required by the exanthematous ophthalmia; syringe laudanum and glycerine for the ear-ache. Among the sequelæ, a cough, in part nervous, and in part from a relaxed condition of the vocal organs, yields to insufflation of alum, inhalation of liquor ammoniæ, and belladonna internally.

Accompanying the measles, and, as it were, from the same epidemic tendency, is a hybrid affair, presenting in modified form the combined symptoms of measles and scarlet fever—the roseola of the English writers.

To return to the measles proper: fatal cases have occurred under two circumstance sonly. 1st. During the puerperal month; and 2nd. From a fearful concomitant, or sequelæ, cerebro-spinal meningitis. As examples of each, I avail myself of reports furnished me by two of the prominent members of our Society. The first, illustrative of a fatal case in the puerperal women, occurred in the practice of Dr. Luther F. Halsey. The lady, a primipara, had previous to her confinement allowed herself to become debilitated by diarrhœa, for which she applied to me for one relief. Her labor, which was perfectly natural, was followed by some hemorrhage, but all seemed going on well, when, (in the Doctor's words) "I saw her two days after, found her with fever, and a terrible cough and sick stomach; knew she had been exposed to the measles. Next day measles began to appear, other symptoms mitigated. Thursday (next day), measles fully out, patient quite bright. Friday, Saturday and Sunday, improving. On Sunday night a terribly exhaustive diarrhœa set in, with sick

stomach; no abdominal tenderness; lochial discharge all right; checked the diarrhœa. Monday, she is brighter. Monday night, diarrhœa set in again violently and continued, though somewhat controlled, till she sank from exhaustion, Tuesday afternoon, about four o'clock. Baby living; had measles about a week after mother's death."

The other class of fatal cases is admirably illustrated by a series of cases reported through the prompt kindness of Dr. John R. Sickler, of Mantua.

CEREBRO-SPINAL MENINGITIS ACCOMPANYING MEASLES.

"On Thursday, the 27th day of March, 1873, called to the family of J. W., a well-to-do farmer. His family consists of Adaline (a kind of dwarf, about 20 years old, weighs about 50 lbs.); Sally, 18½; Anna, 17½; Lavinia, Eupheme, 16½; Josephine, West, John F., 5, and George R., 11 months. At 3 o'clock, P. M., I was called. I found George R., 11 months old, dying; with cramps and spasms, an eruption on his skin resembling chicken pox extended on his body and extremities, head drawn well back; died at 5 o'clock. After examining the baby, my attention was called to Adaline, with like eruption; head drawn back, arms and legs rigid; puking; complained of great pain and soreness; she could still swallow, though with difficulty. My attention was next directed to West, aged 11 years, who was in about the same condition, suffering very great pain, and soreness of the neck and spine and extremities. I prescribed and went home. Called early in the morning and found Josephine in like condition to the other two, having been attacked shortly after I left. I found West somewhat relieved of his pain and soreness from large doses of calomel and opium. Prescribed strong doses of morph. sulph., and mustard plasters to their backs, etc. The

bowels of neither had been moved. I extracted from Adaline's throat, at this visit, a worm 11¾ inches long; the girl is suffering very much.

29th. Visited them early, necks still stiff, spines rigid, extremities sore, the eruption and petechiæ now disappearing. All three had bowels moved by powerful injections. Necks and spines very sore externally from mustard.

30th. All appeared more comfortable; West most so.

31st. If any difference, slight improvement. Continue opium and small doses of calomel. Ferri mistura.

April 1st. Considered better.

2d. Heads assuming almost the normal appearance; spine no longer rigid.

3rd. More comfortable.

4th. Still more so. West sits up in bed.

5th. Ditto.

6th. Did not visit them.

7th. West sitting up in chair. The *measles* making their appearance on him. He had been exposed to the contagion twelve days prior.

8th. Measles appearing on all but Adaline.

9th. Measles out on all fully, except Adaline, on her partially.

10th. Measles on West begin to recede.

11th. West sits up in bed; seemed lively. Rest doing well.

12th. West taken with chill last night and died to-day.

13th. Rest doing well.

14th. Eupheme's head and neck *opisthotonized.*

15th. All the rest complain of stiff neck and spine.

16th. John, 5 years old, measles receded; head drawn back, spine stiff and sore; bowels very loose, could not control them. Dr. Paul S. Heritage visited them with me. Eupheme getting worse.

17th. All about the same, but John, who is worse.

18th. Ditto.

19th. Ditto. John is *dead.*

20th. To-day moved four down to parlor. Adaline very deaf, as is Josephine; all the rest have had their hearing disturbed to some extent.

21st. But little change. Dr. P. S. Heritage again called.

22nd. Eupheme and Adaline about the same. Eupheme's head further back, and spine and extremities bad.

23rd and 24th. Eupheme getting worse, pulse near 100. Sent for Dr. J. Down Heritage to consult. Those down stairs doing well.

25th. Dr. J. D. Heritage visited and consulted; did not change the treatment. We proposed the use of the battery, but she was too far gone.

26, 27 and 28. Dr. Heritage consulting. Eupheme *dead.* Adaline better.

May 4. To this date the other children are improving; deafness wearing off, etc.

The treatment consisted of every item of the materia medica that suggested itself to me, but particularly the Samson's calomel and opium. Morphia I found very useful to control the severe pain, without binding the bowels. As a tonic I used quinine solus; quinine in Huxham's tr., elixir calisaya; et ferrum, etc., etc."

Such is Dr. Sickler's history of a case, or series of cases, in which measles and cerebro-spinal symptoms co-existed in part, and in part assumed the relation of disease and sequelæ. What is the connection between them? The Doctor closes his report thus—"As to the connection or dependence of the cerebro-spinal meningitis upon measles, I know nothing, and would not like to venture an opinion." But that some such relation does exist during this present epidemic,

we think there is every reason to believe. One physician, not in our county however, reports to me five cases in which this sequence occurred.

Dr. Halsey, of Swedesboro, which town has been about the central point of the epidemic, says—"Had several cases following measles, of brain and spinal troubles; coming on with the diarrhœa, by which almost every severe case of measles has been followed. Have found the best remedies to be potass-bromid. and denarcotized tr. opii, enough to control any nervous excitement and arrest the diarrhœa."

Hoping that other reports will throw more light on this interesting question I leave it. In closing, I wish to acknowledge the full and satisfactory written reports of Drs. Sickler and Halsey, to which I am so indebted, and to wish that the resolution of our County Society requiring written reports from all members, could cease to be regarded as a dead-letter by so many of our number.

C. GRANT GARRISON, *Reporter.*

SWEDESBORO, May 5th, 1873.

COMMUNICATION BY J. D. HERITAGE, M. D.

Was called on the 2d of April, to see Mrs. C., thirty years of age, nervous temperament, general health previously has been good, except constipation of the bowels. About fifteen years ago had a severe attack of typhoid fever, from which she recovered slowly at that time, but perfectly. Has been married about ten years, never borne children; the menstrual periods had occurred with regularity. There were no hereditary taints either from father or mother which would be likely to lead to complications. Found her with a pulse at 95, face somewhat flushed, tongue moist, but covered with a smooth, darkish colored, metallic looking coating; complained of lassitude, general soreness, and an intolerable headache, which she located in the back of the head and neck; complained particularly of the neck when she turned the head, and said the "light hurt her eyes." The bowels had previously been in a torpid condition, not having an evacuation at times for four or five

days, which was the case just now. The urine free and apparently normal. The stomach rejected everything put in it, and the retching was severe and persistent. No eruption—nor has there been—through the continuance of the attack. I have repeatedly inquired for it and examined the patient myself, but invariably without result. Treatment, ext. colocynth co., gr. iii., hyd. chlor. mit., gr. v., at once, to be repeated in six hours if the bowels were not moved. Sinapism to the stomach and back of the neck; morph. acetas, gr. ii., ant. et pot. tart., gr. i., aquæ, oz. ii. m, ft. sol. Tablespoonful every two hours.

April 4—4 P. M. Tongue more heavily furred; bowels moved this morning by injection, after having taken in divided doses, gr. xii. ext. colocynth co., hyd. chlor. mit., gr. xx. Vomiting not so severe, pulse 100; headache still continuing, and at the base of the brain; slightly delirious in the after part of the day, at which time there has been an increase of fever; skin dry; countenance anxious and expressive of pain, and mental disturbance. I had at my previous visit diagnosed Feb. Typhoides—but I now began to suspect a more serious difficulty; 1st, from the persistent pain in the back of the head and neck; 2d, from the fact that previously to being taken sick, she had been nursing the family of her sister, one of whom had died (and from the best data I could get,) from cerebro-spinal meningitis. I put her then on quinia sulph., gr. iii., ipecac, gr. ii., every four hours, and increased the dose of morphia to gr. ¼, every four hours; these to be given alternately.

April 5. No change; continued treatment, except during the afternoon, when the quinine to be omitted and taken again at ten o'clock, P. M.

April 6. Symptoms unchanged so far as improvement goes; tongue more dry; sordes on the teeth and gums; some delirium, but not violent; did not sleep last night and very little the night before; dull, heavy pain in the back of the head and neck; vomiting more freely a dark colored fluid; skin dry. Continued quinia et ipecac. Hyd. chlor. mit. gr. x., jalapæ, gr. x., at once, followed by oil ricini in six hours, if no evacuation. Continued morph. and ant.

April 7. Bowels moved last night by injection; the former doses proving ineffectual; no improvement in the symptoms. Continued treatment; prognosis guarded, as the case looked desperate. Since the bowels have moved the vomiting ceased.

April 8. Patient more quiet, slept some last night, no vomiting, skin softer, pulse 110, tongue moist at the edges and appearances altogether more favorable. There having been no singing in the ears I decided to push the quinine to that point if possible, and increased the quantity to gr. iv., every

four hours, except the dose in the afternoon, which was to be omitted. Continued morphia without the antimony.

April 9. Head singing, but the secretions dried up, and my impression was that the quinine had been pushed too far. Tongue more dry; not so much delirium, but the patient did not respond to questions so readily and had a general bad appearance. Quin. gr. ii., ipecac gr. ii., every four hours, morph. acetas, gr. ½, every four hours, alternately. Calomel and jalap again, to be followed by injection if not moved.

10th. An improvement in all the symptoms; tongue more moist and showing a tendency to clear off along the edges; skin more moist; slept better; bowels moved freely, stools black and horribly offensive, urine free; no delirium. Ordered beef tea, wine, and put her on tinct. cinchon. comp. Teaspoonful every four hours. Morph. ac. gr. ½, every four hours. Neck still stiff and back of the head "sore," as she explains it.

12th. Slight fever in the afternoons yet; tongue looking better than it has done previously, though still a thin, dry, shining coat in the centre. Continued treatment.

14th. Continued treatment.

16th. Symptoms all better; tongue about clean, pulse 84, sleeps well, appetite coming, neck still painful when the head is moved. Continued treatment, with the addition of tinct. ferri. chlor. gr. xx., three times a day.

20th. Slight return of fever yesterday afternoon, with this exception everything going well. Gave quinine, gr. x. in divided doses for the next 24 hours.

25th. Convalescence established and she is put under a tonic treatment of ferrated elixir of calisaya with wine, and nourishing diet; the functions are resuming their labors, and she is allowed to sit up a few minutes twice a day, increasing the time if she bears it well.

May 1. Slight return of fever; neck stiff again. Quinine, gr. x., in divided doses relieved it, and to-day, May 3, she is sitting up half an hour in the forenoon, and the same length of time in the afternoon: all the appearances favorable, and I shall not visit her again unless sent for.

Remarks: I believe the case to have been, not a true case of cerebro-spinal meningitis, but typho-malarial fever, with sufficiently developed meningeal inflammation to seriously complicate the disease.

I was called, in consultation, by Dr. Sickler, to see the family where this patient had been nursing previous to her attack, and found two of them suffering from well marked cerebro-spinal meningitis; one in the acute stage, the other past it and gradually running down from sheer weakness and

loss of recuperative power. Opisthotonos well marked in the acute stage; the head being drawn back firmly on the spine and kept there for near a week, when she died. This was the fourth fatal case in the same family. They were more severe, undoubtedly, from being complicated with measles; two of them, I think, showing cerebral symptoms before the attack, and one after having partially recovered from them.

HUDSON COUNTY.

To Chairman of the Standing Committee, &c.:

During the past year the diseases prevailing in this county have generally been, although of the ordinary form and type, diseases peculiarly incident to this locality. I refer to diseases of a malarial nature. We shall always have remittent and intermittent fevers, and all those insidious and indefinable forms of ills resulting from miasm, so long as the vast tracts of marsh land seen in this county remain unimproved, or upon a tide level.

Last spring and summer small pox prevailed to a greater extent than for many previous years; the fatality, however, was small, considering the great number of cases. Ought not the seeming increase of this disease for the past few years, be a sufficient argument in itself to make vaccination compulsory by law?

I am happy to state that this county now takes the lead in the very important matter of supporting her own insane. During the past year a large and commodious asylum has been erected, and is now accommodating nearly 100 lunatics, male and female; and new extensions are being now carried out to the original building, for the accommodation of more than twice that number. The insane are here removed from the alms house, the cell, and the almost criminal negligence

that they there sustain, to spacious and well-ventilated wards, with daily medical attendance; and it is pleasing to note here that the District Medical Society of Hudson was the great instigator in this humanitarian reform.

At a regular meeting of this Society, a committee was appointed, consisting of Drs. T. R. Varick, R. F. Chabert and T. F. Morris, to confer with the Board of Chosen Freeholders. Through the energy and influence of this Committee the most sanguine hopes of the Society were realized; the communication from the Committee was received and adopted by the Board of Freeholders, in pursuance of which the asylum was almost immediately began.

H. M. EDDY, *Reporter.*

JERSEY CITY, May 17, 1873.

HUNTERDON COUNTY.

To Chairman of the Standing Committee, &c.:

For the past twelve months there has been a remarkable freedom from disease. Epidemics have prevailed in but few localities. There seems to have occurred rather more deaths than usual for the same length of time; many of them sudden or the result of old age. In the southern part of the county a large per cent. of the deaths have been on this account.

During the summer and autumn there seemed to exist a disturbance in the nervous centres, and many who had a hereditary tend in that direction, were provoked to insanity. Many suffered Paralysis, Neuralgia, Sciatica, etc. But as cold weather drew on, cases of this kind occurred less frequently; and those suffering from a vitiated condition of the

blood were almost the only patients that called for the advice of a physician.

No doubt much of this freedom from epidemics may be attributed to the uniformity of the meteorological condition that we have now so long enjoyed in this section. While the spring of '72 was wet, the summer hot, the fall rather warmer than usual, the winter severely cold, and the present spring very moist and late, yet we have passed through these several seasons with marked regularity and evenness of temperature and of humidity.

In villages much subject to great extremes of temperature and humidity, owing to their altitude relative to the surrounding ridges and the like, for instance, Lambertville, Stockton, Frenchtown, Milford and Pittstown, there has been much more sickness than upon the more elevated districts. In those localities have prevailed almost all the Scarlatina and Typhoid fevers that I can hear of. Here, too, Pneumonia has occurred, and Diarrhœa, to a greater extent than else where. In fact, so far as I am able to learn, Diarrhœa, Dysentery and Pneumonia, have occurred almost not at all during the preceding twelve months upon the plains and elevated districts.

At Lambertville, Dr. Geo. H. Larison states: Scarlatina made its appearance in January, and continued through February and March. It assumed in most cases the anginose form, and from it were few deaths. The treatment consisted of tonics and a nutritious diet. Pneumonia, confined chiefly to adults, appeared during the same months. A larger number of deaths from Paralysis has occurred this year than usual. Measles have run their course upon the elevated districts adjoining the village on the south. Erysipelas in February prevailed as an epidemic. There has been a less number of deaths than usual from Phthisis Pulmonalis.

Dr. T. H. Studdiford reports a case of transverse fracture of the patella, successfully treated by applying a bandage in the form of the figure 8, with entire rest and cold applications.

At Stockton, Dr. O. H. Sproul states, that during the year past he has been called upon to prescribe for a larger number of patients than usual. He says he has seen a larger number of cases of Erysipelas and has met with more cases of Acute Rheumatism than usual; that Scarlatina as an epidemic of mild form has lasted through the fall and winter. During the summer Diarrhœa and Cholera Morbus were common, but Dysentery was rarely met with; several cases of Remittent and Continued Fever fell to his charge, but no cases of Typhoid; cases of Influenza frequently occurred during the prevalence of the Epizooty; Varicella visited the children of that vicinity this winter; at present Rubeola prevails, of a mild type; three cases of Cerebro-spinal Meningitis has fallen to his charge within the last two months, one of which died of convulsions, the other two are convalescing.

Dr. E. K. Deemy, of Frenchtown, writes me: "Upon the whole it has been a healthy year with us. The only epidemic that has prevailed is Influenza. We have had the affections common to the seasons, but in a mild form. There have been a number of cases of Scarlatina Anginosa, but we could hardly regard it an epidemic. Pneumonitis and Bronchitis were the prevailing diseases during the winter, attacking individuals of all ages and of both sexes. Several cases of Typho-malarial fever occurred, but were all amenable to treatment. I saw two cases of Cerebro-spinal Meningitis, both of which terminated fatally. During the warm weather there were a few cases of Cholera Infantum, but we were entirely free from Colitis."

In my own practice there have occurred very few epidemics.

Influenza prevailed to some extent in February, but I have hardly seen a case of Typhoid, Intermittent or Remittent fever this year. In two cases of Phthisis Pulmonalis I have used nitrous oxyd apparently with good results. And in order that the merits of the gas may be better appreciated, I will append a detailed account of them, which I read before the District Society at its last meeting.

Miss L. S., a maiden lady, about 28 years of age, engaged my attention December 16, 1870. She was then suffering from slight pains in the thorax, a severe and almost constant cough, attended with no expectoration, an irritable stomach and obstinate constipation. On examination, I was convinced that this lady was suffering from Tuberculosis Pulmonalis; and thereupon I concluded to give her sanguinaria, quinia and strychnia. Upon this she slowly convalesced until the 24th of April, when I ceased to attend her, and she went on with her usual avocations.

On the 13th of September following I was again called to see her. She was again suffering from the same difficulties, and I resumed the former plan of treatment, but with less success. The stomach was more irritable, and the constipation more obstinate. I did not succed in allaying the cough, although I believe I tried all the remedies of the Materia Medica that are recommended for such purposes. I then tried inhalations of various articles, such as iodine, turpentine, tannin, morphia, belladonna, hyoscyamus, carbolic acid, and not a few other remedies not worth while to mention. For a time the inhalations of turpentine seemed to control the cough and allay the irritability of the stomach; but when this failed, the inability to take food in proper quantities and of proper qualities allowed her frame to become extremely emaciated, so much so that during the month of June the case seemed to be entirely hopeless.

At this juncture it occurred to me, that if the patient could breathe a gas richer in oxygen than the atmosphere and yet of feeble constitution so that it would readily yield up its oxygen to the mucous membrane of the lungs, the blood might be better oxydized, the nervous centres aroused to increased vigor, digestion established, and the progress of the disease for a time arrested. To meet these requirements it appeared to me that nitrous oxyd is the article, and accordingly I determined to give it a trial.

On the Fourth of July I set up and charged an apparatus, from which she could inhale as much of the gas as might be desired. She was directed to take a full inspiration every second hour. During twelve hours she consumed about a gallon. On the following day, under the same directions she consumed about one and a half gallons, and at the end of one week she consumed about two and a half gallons per day, taken as above stated—so rapidly did the capacity for a full inspiration increase. About twenty-four hours from the time of taking the gas, I observed the pulse was not so quick, but fuller; her respirations not so labored, and the expression of her countenance less anxious. On the second day I found the pulse still fuller and less frequent; the respiration was less labored, the countenance less anxious, the eyes were brighter, her lips more ruddy, and the movements of the patient were made with greater precision and steadiness.

On the third day the irritability of the stomach was much less, and the patient said that food began to have its natural taste. At the end of a week the appetite was fully established; she began to take a fair supply of food, and showed some increase in flesh. Thus she continued improving until about the middle of August, when the excessive heat together with the superabundance of aqueous vapor with which the air was charged at that time, began to prove too oppressive,

and to counteract this as much as possible, she was advised to take double the quantity of gas by taking one inspiration every hour. This seemed once more to invigorate the system, and after a few days she began to improve, and continued to do so until about the 1st of February, 1873. At this time derangement of the menstrual function began to produce a general derangement of the nervous system. On the 20th she began to suffer extremely from irritability of the medulla spinalis, and was soon obliged therefrom to go to bed. This morbid irritability has been so great at times as to bring on catalepsy. So far as her lungs are concerned, I think her condition better than it was one year ago.

On the 24th of September, 1872, Mrs. B. H., aged 22, was prostrated by hemorrhage of the lungs. As I was not at liberty then to attend to my practice, on account of the illness of my brother Dr. A. B. Larison, Dr. G. H. Larison, of Lambertville, saw her for me, and continued to visit her for a number of days. At first she seemed to convalesce and actually began to travel about; but in a short time her appetite began to fail, her cough to increase, and night sweats supervened, together with much emaciation. She was now obliged to keep her bed constantly, and suffered very much from dyspnœa.

Physical exploration revealed that the lady was laboring under Tuberculosis Pulmonalis, and probably of the milliary variety. She had been prostrated with this ailment some two years and six months before, but during this interval had enjoyed tolerably good health. The remedies she was advised to take were quinia, iron, turpentine, syrups of the phosphites and of the phosphates, cod-liver oil, chlorate potass., etc. etc. Counter-irritation was constantly kept up by a liniment made

of equal parts of aqua ammonia, tr. capsicum and terebinth. As time passed on the dyspnœa increased, and with it was associated hectic fever. The lady begged to have the doors and windows opened, as it was impossible under any other circumstances that she could endure the extreme heat of her fever. She lay in a room upon the first floor with opposing outdoors which were set wide open, day and night, rain or shine, without fire, until the first week in December.

Seeing the inefficiency of the remedies that I had advised for her, and that she was daily growing worse, and probably was near the end of life, I resolved to give her nitrous oxyd. Accordingly, on the 29th of November, I set up and charged an apparatus having a capacity of five gallons; and after showing her and the nurse how it should be used, I advised her to take two respirations of the gas every hour until the quantity was exhausted, or until I should see her. At the end of about 24 hours I saw her again. She had consumed the gas; said she experienced no change in her feelings as yet, and that it was tiresome to take the gas. Again I charged the apparatus and advised her to take it as before. At the end of 24 hours I called again to see her; she had carried out my directions and stated that the only change, if any, she experienced was a slight improvement in her appetite. The apparatus was again charged, and the lady was directed to use it as before. Again I called to see her at the end of 24 hours. She had taken the gas as directed, stated that she felt some stronger, that her appetite was improving, that she coughed less and slept better, and suffered less from heat and dyspnœa. I advised a continuation of the gas, and on the following day, as I drove toward the house, I was surprised to see both doors and windows closed, a circumstance I had not witnessed in two months. She stated that she felt better; that her appetite, that so long had been poor, was now becoming strong; that

she suffered less from heat and dyspnœa, and that she could help herself better.

During this time the eyes improved in their brilliancy; the skin assumed its vigor; the muscles performed their functions with greater precision; and the pulse was less frequent and more voluminous. I could detect no increase in the flow of urine, nor any alteration in its properties. It seemed to me that the chief advantage that arose from the use of the gas was of alimentary character—*that it was food for the system.*

I now withdrew all other remedies. The lady continued to convalesce; and in a few days had a stove placed in her room, and again she enjoyed the temperature commonly agreeable to indoor life. Her appetite became voracious, so much so that she sometimes suffered from the quantity she ate. Toward the last of December, she began to walk about her room, and her strength and her general health has been steadily improving till this day. For a long while she did not increase perceptibly in flesh, but since the middle of March she has been gaining in weight. She continues to take the gas at the rate of five gallons per day, and besides it she takes very little medicine. A few incidents have occurred, by the way, to show how much this lady's condition, from time to time, depended upon the use of the gas. When she had been taking the gas for about four weeks, and had for a short time been enjoying a freedom from the distress of fever, and I was not attending her every day, I called to see her and found her in bed, with the window open, fire out of the stove, and her cheeks very much flushed. On inquiry, I learned that on the day I last saw her (three days before), by some mishap they had broken the retort, and in consequence they could not generate the gas, and that she was suffering therefrom. But on returning to the use of the gas she soon became convalescent, and the heat and dyspnœa subsided.

The like of this happened more than once, and such has been the result that she dreads being out of it for a single day.

From what I have seen of the use of nitrous oxyde, I am inclined to look upon it as a stimulant and as an aliment. In all my observations, the frequency of the pulse has been very slightly accelerated, if at all; but the volume of the pulse has been increased. This change in the character of the pulse is manifest in a very few minutes, sometimes in less than a minute, after the inspiration of the gas; and ordinarily continues, gradually decreasing, for the space of an hour or more.

When not more than a gallon of gas is taken at once, patients state that they do not feel any temporary effect therefrom, especially after they have been accustomed to taking it for a short time. But beyond this quantity, intoxicating effects are likely to arise. I have seen a nervous agitation pass away with remarkable rapidity under the use of this agent, and I have no doubt that in many nervous affections it will prove to be one of our most valuable remedies. The increase of tone in the muscles, and in the mucous membrane, together with the increase of the appetite, leads me to believe that the article, when taken in proper quantities, is decomposed in the circulation and acts as food. May it not be that the oxygen, set free by decomposition, unites with the carbonaceous elements of the blood, and is eliminated as other compounds of oxygen and carbon, while the nitrogen, in some mysterious way, is appropriated to the formation of those nitrogenous compounds of the blood known as albumen and fibrin? May not, after all, the vigor of the system be due more to the introduction of nitrogen into the circulation, in a state of feeble combination, so that it is easily set free and used in the formation of albumen and fibrin, than to the introduction of oxygen?

By this suggestion I do not wish to make the impression that I think the oxygen yielded up by this compound is of no use; on the contrary, I think it is of great use; and probably the first or primary effects of the gas lie in this. No doubt the intoxicating effect which every one experiences on inspiring the gas, arises from the rapid union of the oxygen of the gas with the carbon of the blood. But this effect is momentary. And could it be repeated or constantly kept up, it would certainly establish a powerful drain upon the system, unless some compensatory effects from some other source should be established. A rapid decomposition of the hydro-carbons would be the result, and the patient deprived of the fats of the system, would soon be reduced to a skeleton.

But in practice this is not the entire result—apparently so, at least. That other element, nitrogen, is used in forming tissues which is not to be eliminated immediately, the plastic elements of the blood, destined to form muscle and tendon and ligament, to give energy to the limbs, and efficacy to the diaphragm and intercostal muscles, to keep up respiration, and activity to the peristaltic movement of the stomach and bowels. Thus it not only serves as food itself, but by so doing, it puts the stomach in such a condition that it demands a supply of those articles that is necessary to provide against the wear and waste that must, of necessity, take place as long as life lasts.

This view, I think, is strengthened by the fact, that after intoxication from this element, no feeling of languor or lassitude supervenes, as it does upon the intoxication arising from other stimulants. The intoxication, as I have before stated, no doubt arises from the rapid union of the eliminated oxygen with the carbon of the blood, or at least, the main portion of it does. These compounds of oxygen with the hydro-carbons form water and carbonic acid, products that must be elimin-

ated immediately, and so produce exhaustion of the materials of the frame. But during this stage of intoxication, the nitrogen entering into the formation of those more vital compounds, that are destined to abide in the economy for a time, and serve the strength-giving purposes of making muscles and the like, fortifies, so to speak, the system against the feeling of waste and want that is so generally experienced after the taking of other articles which increase the vital activity. So while the oxygen is rapidly eliminating the superfluous carbon of the circulation, the nitrogen is equally active in forming those nitroginous compounds of the blood, which must always be on hand for the construction of new tissue. And as the toxic influence of the oxygen is waning, the tonic influence of the nitrogen supervenes. As the calorific elements are eliminating the hystogenetic are forming. As the system is losing its superfluous carbon, it is gaining a supply of nitrogen; as the more transient is passing away, the more substantial is accumulating; while the system is enjoying a temporary acceleration of emotions from the rapid interchange of relations arising from the oxygen, it is providing against a corresponding depression by the formation of more enduring tissue out of nitrogen.

C. W. LARISON, *Reporter.*

RINGOES, N. J., May 3, 1873.

MERCER COUNTY.

To Chairman of the Standing Committee, &c.:

The general health of Mercer county during the past year has been good.

The city of Trenton, and, I believe, the whole county, except Windsor and Hightstown, has been entirely exempt from any disease in an epidemic form. In Trenton we have

had but little diphtheria and scarlet fever, and but very few cases of measles and whooping cough. During the winter we had a few cases of small-pox, but only one death.

Notwithstanding the long and exceedingly hot weather of the summer, bowel complaints were no more prevalent than usual. The cases of enteric diseases were cholera infantum, diarrhœa, and a few cases of cholera morbus. During the fall months there were a few cases of dysentery, but of a very mild type, and the most of them yielded readily to treatment.

The principal fevers were intermittent and remittent. These prevail to a greater or less extent during most of the year, in consequence of certain localities in and around Trenton generating the elements essential for the production of malarial diseases. The malarial poison generated in these localities, quite frequently complicate other diseases and make the use of quinine necessary in their treatment. I have now a case of acute rheumatism under treatment, which after the lapse of fifteen days assumed a marked and decided intermittent form, but which is rapidly recovering under the use of quinine. Some of the cases of catarrh which occurred during the winter and spring, seemed to resist the ordinary diaphoretic and expectorant treatment, but subsided readily on the administration of quinine.

Since our last annual report, Dr. Edmund Hance, formerly a member of this Society, died at Glassboro, Gloucester Co., of consumption. His obituary, I presume, will be prepared by some member of the profession from that county, where he had been engaged in practice several years previous to his death.

Having no cases of special interest in my own practice, and having received no reports of cases, or communications from any member of our Society, except Dr. Deshler, I have nothing further to report.

C. SHEPHERD, *Reporter.*

TRENTON, N. J., May 6th, 1878.

DR. CHAS. DESHLER'S COMMUNICATION.

The experience of the past year presents nothing remarkable. The diseases of most frequent occurrence had their origin in ordinary atmospheric variations. The summer of 1872 brought the customary number of intestinal disorders, with the usual ratio of deaths. Good nursing and correct hygiene has probably reduced the latter. In the fall, febrile diseases were numerous. They mostly assumed a remittent form, and were of miasmatic origin, a rare thing for this community. When not promptly arrested by large doses of quinine, they became typhoid and usually ended in death. The "*let alone*" treatment did not answer. The homeopaths were quite unsuccessful. I do not know of a single case they conducted to a successful termination. The patient either died or timely discharged his physician. The therapeutic value of drugs was here made very apparent. In every instance where energetic treatment was early instituted, recovery was rapid and certain, while delay was always followed by proportionally protracted and serious illness. The winter furnished more than the ordinary number of catarrhal affections. Pneumonias were frequent, but rarely serious, and in no instance fatal.

There have been fewer cases of phthisis pulmonum than in former years. Deaths from this cause are less common than formerly. Has not the adoption of the views of Niemeyer on the pathology of this dire disease benefited our own therapeusis? Instead of looking upon the consumptive as one afflicted by a peculiar, mysterious neoplasm, of which little is known, and against which little resistance is to be made, I have for years acted upon this man's teachings, and treated all cases of so-called incipient tuberculosis as cases of chronic pneumonia, which if not arrested would produce the same results as inflammation in other tissues. Thus far I think my success has equalled my expectations.

I have treated fourteen cases of *mild* scarlatina and two *grave*. Of these, five were followed by general anasarca, three of which had also albuminuria. Of these one died; the rest recovered. The epidemic still continues, but the cases are mostly of the mild variety. Numerous cases have occurred at Windsor and Dutch Neck; a few proved fatal. The majority recovered without the use of medicine. The grave cases did well under the ordinary treatment, and presented nothing unusual, except perhaps, that they were followed by abscesses of the glands of the neck.

Measles prevailed to a limited extent during the winter. Occurring at a time when phlegmonic diseases were at their height, we had more than the usual proportion of deaths from meningeal and pneumonic complications.

Four sporadic cases of cerebro-spinal meningitis have come under observation. The first was moribund when first seen; the second *in articulo mortis;* the third and fourth are now under treatment and will probably recover. One, however, is still in doubt. Two other cases simulating this fearful disorder, have occurred, and though one proved fatal, the symptoms were not sufficiently distinctive to warrant a diagnosis of cerebro-spinal meningitis.

MIDDLESEX COUNTY.

To Chairman of Standing Committee, &c.:

The Reporter for Middlesex county would respectfully report, that early in the spring of 1872, a number of cases of cerebro-spinal meningitis occurred in New Brunswick; there were several cases of recovery, the number of deaths and recoveries being nearly equal. The treatment consisted in leeching, mercurials and inunction of belladonna and mercury. The year has been marked by an absence of any epidemic or contagious disorder. We have had isolated cases of scarlatina, variola, etc., and a moderate amount of pneumonia and bronchitis. More intermittents occurred during the last year than is usual with us, which circumstance may be explained by the excavations for the purpose of sewering the town. Your reporter has visited in consultation, one case of tetanus, resulting from a gunshot wound, in which the physostigma, as well as chloral hydrate and opium were freely used. The patient was relieved from the severity of spasm, but finally sank about two weeks from the commencement of the attack and about four weeks after the injury.

Your reporter narrates a case of poisoning with Creosote:

March 22, 1873, W. R., aged 17 months, at 2.30 P. M. took from a vial containing creosote, an uncertain quantity of the liquid. It is supposed that one drachm was swallowed. The nurse, who was scarcely absent more than one or

two minutes, found him tottering and just caught him as he was falling; he immediately lapsed into insensibility, and when seen by medical attendant, about half an hour afterwards, he was comatose and stertorous, the pupils were contracted, the surface of the body cyanosed, the breathing was slow, the pulse weak but not much increased in frequency; the breathing at times was markedly stridulous; the chin, neck and interior of the mouth and fauces all showed the corrosive action of the poison. Albumen was at once given, and followed by emetic doses of ipecacuana; this, however, failed to act until wine was given, when large quantities of food were sluggishly thrown up, it was necessary to draw it from the mouth with the fingers; the contents of stomach smelled strongly of the creosote; during the act of vomiting partial consciousness was restored, and at such times the stridulous breathing disappeared. The stimulus was constantly administered, and at 11 P. M., he seemed quite himself. The succeeding day he had fever and hoarseness; took nourishment with difficulty, milk and lime water being his chief food. Severe excoriation of the mouth and fauces, as well as the chin and neck, required attention for several days, but in about ten days recovery was complete.

HENRY R. BALDWIN, *Reporter.*

MONMOUTH COUNTY.

To Chairman of Standing Committee, &c.:

As far as I can learn from the members of our Society practicing throughout the county, the past year has not been marked by any special visitations of sickness worthy of record. The diseases incident to the seasons have pursued their usual course, while only here and there have any of them existed in an epidemic form.

Dr. Henry Cooke, of Holmdel, informs me that there has been an epidemic of measles, which has attacked almost every family in his field of practice, the disease being of a mild type.

Scarlet fever has also prevailed quite extensively throughout our county, the type of the disease varying somewhat in different localities, the cases in our vicinity being mostly of the simple form.

Appended are the histories of some interesting cases of Dr. Vanderbeck's, of Allentown, illustrating the use of Ergot in headache; also the notes of two cases in my own practice:

Acute Mania: beneficial effects of Chloral Hydrate.

On the 15th of December, 1872, I was called to see Mrs. S., age 30, the wife of a clergyman, the mother of three children, a lady of highly nervous temperament, and found her suffering from hysteria, of a melancholy type, induced by general debility from nursing her baby, which was about six months old. The patient feels very weak, is easily excited and does not rest well at night. Ordered quinine and iron and bromide of potassium at night, with nutritious diet and wine at dinner.

During the following week, the paroxysms of hysterical weeping became more frequent, and the insomnia more marked. Ordered the child to be weaned, and administered valerian and assafœtida on the approach of the hysterical paroxysms, and hydrate of chloral, gr. xxx. at bed time, instead of the bromide of potassium.

The patient gradually grew worse, and in a few days acute mania of the most violent character, so as to require the constant presence of several nurses to prevent her injuring herself, was developed. Bromide of potassium in large doses.

valerian, assafœtida and chloral in gr. xx. does, repeated every hour, were not able to quiet her. After this violent mania and complete insomnia had existed forty-eight hours, hydrate of chloral, ʒi, was given in a single dose, to be followed by gr. xx. doses every half hour, until sleep was produced. When 80 grains had been taken the patient fell asleep and rested quietly for seven hours; the mania returning when she awoke, gr. xx. more were given and two hours sleep was again produced.

During the succeeding fortnight the same plan of treatment, viz.: a large dose of chloral at bed time, followed by smaller ones at short intervals until sleep was produced, was pursued; and through the day whenever excitement showed itself, a gr. xx. dose was administered. This always had a quieting effect, though rarely produced sleep. Throughout the whole course of the disease, the patient was well supported by beef essence and milk, and the condition of her blood improved by iron. Three months from the beginning of her sickness, her mind was completely restored to its normal condition, and her general health is excellent.

The chloral was administered regularly at night for about a month; during this time it never produced any unpleasant effects, nor interfered with the digestive organs in the least, her appetite remaining good and bowels regular throughout her entire illness.

Aconite Poisoning.

Mrs. V., age 35, while under treatment for a slight attack of dysentery, took by mistake twenty drops of tr. aconite root. A few minutes after swallowing the medicine she felt a tingling sensation in the throat and tongue, which being different from what she had before experienced after taking

her drops, led to an inspection of the vial from which she had taken it, and which was plainly marked "Tr. Aconite Root—Poison." Being very much frightened and not knowing what to do she swallowed a raw egg and sent for the doctor.

Upon reaching her bedside an hour and a half after the poison was taken, I found her with her mind perfectly clear, complaining of "an intense burning pain over the stomach," a "dryness of the throat," a "stiffness of the tongue," and a "tingling sensation over the whole body." Pulse 76 and full, respiration and pupils normal. Brandy, ʒiv., and ammonia carb, gr. xx., were immediately administered. For the next half hour there was no change in her condition, when suddenly the pulse began to beat irregularly, "faintness" was complained of, and also "coldness of the extremities." In the next quarter of an hour the pulse had become so feeble and irregular that it was scarcely perceptible, the respiration was irregular and sighing, the extremities were cold and the capillary circulation so feeble that the whole surface of the body presented a livid appearance, the pupils were dilated, and vomiting occurred several times; mind not affected. Brandy and ammonia were then given in enema and heat applied to the body.

In spite of the stimulants, the pulse still continued to grow weaker until it could not be detected at the wrist; the patient continually complaining of faintness and cold. The patient remained in this condition nearly two hours before the radial pulse could again be detected, though brandy and ammonia were several times administered by enema, amounting in all to ʒxii. of the brandy, and ʒi. of the carbonate of ammonia, in the space of three and a half hours.

About five hours from the time of taking the poison the physiological effects of the drug began to disappear, but the

pulse remained feeble, and dizziness was complained of for the next two days whenever the head was raised from the pillow.

In this case the *frequency* of the pulse was at no time (when it could be felt) below the normal standard, the only changes noticed being the irregularity and feebleness, followed quickly by a flickering and temporary cessation.

D. McLEAN FORMAN, M. D., *Reporter.*

The use of Ergot in Headache.

BY C. C. VANDERBECK, M. D.

Having noticed in one of our late medical journals, the use of Ergot in headache, I was induced to experiment with this article of the materia medica, in the very distressing affection, cephalalgia. The relating of a few cases in my practice, in which I used Ergot, will show the result of my experiments.

Case: I.

Mr. B., age 40, subject to attacks of sick headache, which last all day, often two days, sometimes several days. During one of these attacks, being unusually severe, I was sent for. I found him suffering with a terrific headache, nauseated, the pulse accelerated, head hot, &c. I prescribed fl. ext. Ergot, 30 drops, repeated every half hour, until four or five doses were taken; after the fourth dose the nausea had ceased, the excruciating pain in the head had subsided, the pulse nearly normal; he continued getting better, having the rest of the day only a heaviness, as he expressed it. This same gentleman has relied greatly upon his "headache drops," at each recurrence of his "tormentor."

Case: II.

Miss R., age 21. On the evening of an engagement she had with an Amateur Dramatic Association, I was sent for, and found her in the hall, one hour and a half before the performance, suffering severely with headache; her friends were very anxious, on account of the very prominent part she

took in the evening's programme; she had all the symptoms of severe headache, in connection with a very excited state of the nervous system, in fact, quite hysterical. I prescribed thus—fl. ext. Ergot, fl. ext. Valerian, aa s, 30 drops every half hour until relieved. One hour later, and half hour before she was to make her appearance on the stage, her head was almost well, the nervous symptoms entirely disappeared; she acted her part admirably during the evening. After the performance she told me that she felt entirely, perfectly well. Since that time I have had frequent demands for "headache drops," frequently relieving, sometimes failing. To sum up the results of this drug in my hands in cephalalgia, I find it a very useful remedy, but not a specific.

I think the modus operandi can be explained by the action Ergot has upon the unstriped muscular fibres, causing contraction of the blood vessels of the head and brain, thereby diminishing the amount of blood in these parts, which generally have a superfluous amount in headaches.

PASSAIC COUNTY.

To Chairman of Standing Committee, &c.:

During the past year the health of Passaic county has been about equal to the average of previous years. Small-pox has appeared among us, but been held well in check by systematic vaccination; cerebro-spinal fever in a very severe and fatal form visited us last summer, but the total number of cases was not large; measles, scarlet and typhoid fevers have occurred only sporadically. During the hot weather of last summer the deaths among infants were very numerous from diarrhœal diseases, and during this spring pneumonia has been prevalent among persons of all ages. Intermittent fevers continue to prevail as usual in their due seasons. A very wide-spread epidemic of mumps has been present during the past winter and spring, to an extent almost unprecedented in the experience of some of our physicians.

Since the first of August last, a thorough system of Registry of Births and Deaths has been carried into effect for this

city, which will be of great aid to future Reporters in preparing their annual reports, as such systematic tables afford the only reliable data for estimating the comparative yearly mortality.

The following figures are taken from a report recently published by the Health Department of the city. They embrace the period from August 1st, 1872 to April, 1873.

	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	TOTAL.
BIRTHS, . . .	89	84	94	82	86	81	81	68	665
DEATHS, . . .	115	89	74	60	77	47	70	53	585

Table of Deaths from more important diseases:

DISEASES.	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	TOTAL.
Consumption,.....	6	14	3	12	16	9	9	9	78
Diarrhœa, ...	38	11	4	2	1	1	0	2	59
Marasmus,.....	15	7	7	3	2	1	3	1	39
Convulsions,.....	6	9	4	2	3	4	6	4	38
Inflammation of Lungs,... .	4	5	5	3	6	1	2	10	36
Hydrocephalus,.....	7	7	7	2	1	2	4	1	31
Fevers, ...	6	8	7	4	0	3	2	0	30
Accidents and Injuries,.....	7	3	2	3	1	2	0	3	21
Apoplexy and Paralysis,.....	2	0	3	3	5	2	7	0	22

Table of Deaths according to ages:

AGES.	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	TOTAL.
Under 1 year,.....	63	29	19	8	18	12	24	9	182
From 1 to 5 years,.....	21	19	11	14	12	7	10	4	99
" 5 " 30 "	11	17	14	11	20	10	14	11	108
" 30 " 80 "	17	23	30	26	25	18	19	27	185
Over 80 years old,.....	2	1	0	1	1	0	3	2	19
Total,	115	89	74	60	76	47	70	53	584

The only diseases requiring special notice are cerebro-spinal fever and small-pox.

In my report of last year, cerebro-spinal fever was reported as having at that date, recently made its appearance. The epidemic soon reached its height, and after May gradually declined; a few cases occasionally occurring all through the summer and fall. It is impossible to give an estimate of the total number of cases, but it was not very great. The mortality among those taken sick was large. The disease appeared in a variety of forms, and with varied symptoms. Some cases were extremely acute, reaching their height in a few hours, and then soon terminating in convalescence or death. Others again were very gradual and insidious in their access and source, occasionally entirely misleading the physician as to their true nature for several days. In some cases, after the disease had reached its height, an improvement would begin, and recovery would be hoped for, when all progress would cease; the patient lingering in the same condition for days or weeks, and then an increase or renewal of the cerebral symptoms would supervene and death soon ensue. Convalescence and recovery were sometimes rapid and complete, at others slow and only partial, loss of some of the special senses, or paralysis of some of the muscles remaining. The most constantly present of all the symptoms was rigidity of the muscles of the neck. In only a few cases was there any well marked cutaneous eruption. The disease appeared chiefly among children, though no age was exempt. It prevailed in all sections of the city, and in all classes of society, and its origin could not be traced to contagion or any other cause. The treatment generally adopted was ice to the head and spine, and quinine freely by mouth or rectum; and morphine when there was any indication for its administration. Dr. H. C. Van Giesen has favored me with a report of five cases, which I enclose.

During last summer, small-pox prevailed to an extent sufficient to cause considerable alarm to our citizens, although the actual number of cases in the city was not large. In last year's report, it was stated that there had been twenty-four cases up to May 1st, 1872; since that date there have been sixty-seven cases, making in all a total of ninety-one during the past two years, in a population of thirty-six thousand. This comparatively small number, during a period in which the disease has prevailed extensively and almost steadily in the neighboring cities of New York, Newark and Jersey City, and from which it has on several distinct occasions been imported, has been due chiefly, in the opinion of your Reporter, to a tolerably thorough and systematic vaccination. This was the means of protection *relied upon*, and to this the efforts of the Health Department were mainly directed. Isolation and disinfection were employed, but only as auxiliaries. Isolation, to be efficient, must usually be effected by forcible removal to an hospital. This was carried out in only a few instances, and was found to be so much dreaded as to cause concealment of the cases; and on the principle that concealed enemies are more dangerous than open ones, it was ordered that the sick could remain at their own homes as a general rule; and then all cases were at once reported to the authorities. As soon as a case appeared a physician was sent to offer vaccination to all the inmates in the infected and adjoining houses, and to urge its importance upon them, and if necessary, the whole section of the city was thus visited. Although not compulsory, few refused the vaccination thus urged, and in no one instance did a person vaccinated by the authorized physicians afterwards take the disease. The duties of your Reporter, as City Physician, having required him to visit every case of small-pox in this city, he has compiled the following table which gives facts of value, especially as

showing the importance and protective power of vaccination and re-vaccination.

Table of all cases of small-pox occurring in the city of Paterson, from May 1st, 1872, to May 1st, 1873.

AGE AND RESULT.		UNVACCINATED	VACCINATED.	DOUBTFUL.	INOCULATED.	TOTAL.	
Under 5 years,	Recovered,	3	0	0	0	3	15
	Died,	12	0	0	0	12	
From 5 to 15 years,	Recovered,	9	7	2	0	18	19
	Died,	1	0	0	0	1	
From 15 to 50 years,	Recovered,	1	19	2	1	23	30
	Died,	5	1	1	0	7	
Over 50 years,	Recovered,	0	3	0	0	3	3
	Died,	0	0	0	0	0	
Total,	Recovered,	13	29	4	1	47	67
	Died,	18	1	1	0	20	
		31	30	5	1	67	

In not one of these cases was there any history or evidence of successful vaccination; and of those reported as having been vaccinated, in some the vaccination had undoubtedly been inefficiently performed. The disease occurring in vaccinated persons was almost always modified, in both the amount and character of the eruption. The difference in the severity of the disease was extreme, however, even in the unvaccinated, and it appeared to vary according to some unknown family constitutional peculiarity. In two families it occurred in the most malignant and hemorrhagic form. The sole fatal case among the vaccinated was of this description, the patient being also far advanced in pregnancy. In another family the disease appeared in the mildest possible form, so as to be worth recording: A girl about sixteen years of age, who had been vaccinated in infancy, was noticed to have a pustular eruption on the face; she had not been sick, or even complained of headache for a single hour, and as the eruption

was not umbillicated, the physician pronounced it not to be smallpox. However, soon after, the other members of the family were taken sick. The mother, vaccinated in infancy, had a mild attack of modified smallpox; a child seven years of age had a moderate amount of pustules on the face and neck, but was not sick or confined to the bed for a day; an infant at the breast was taken with convulsions, followed by a slight variolous eruption and very little febrile reaction; another child, ten years of age, had an abundant eruption of distinct smallpox, with the usual concomitant symptoms; in her the disease followed its usual course and terminated in recovery. None of these children had been vaccinated.

The disease prevailed chiefly during the months of May, June and July; a few cases again appeared in October, and two in January, since which time the city has been entirely free from it.

E. J. MARSH, M. D., *Reporter.*

PATERSON, N. J., May 17th, 1873.

CASES OF CEREBRO-SPINAL MENINGITIS.

BY H. C. VAN GIESEN, M. D.

The first case was a little girl aged 7; Mary McF., one of twins, living on the second floor of a small house in Jersey street, in which street some cases had appeared previously. This patient came home from school, at noon of April 23rd, crying out with pain in the head and back. Shortly afterwards she commenced vomiting, and this continued during the afternoon and night of that day. I first saw the case on the morning of the 24th, at 9 o'clock; she was then lying in bed in a semi-conscious condition, exceedingly restless, and moaning and crying out with pain, which was referred to back of the neck and down the spinal column. There was marked rigidity of the muscles of the back of neck, and also of the muscles of mastication. Vomiting continued at intervals; the pulse was feeble and very frequent.

About the third day a profuse eruption appeared on the body, petechial

in character; not disappearing on pressure; this continued several days and gradually faded away. Deafness was another symptom present through the whole of the attack, and some degree of intolerance of light; there was continual restlessness, and for a week the patient was semi-conscious. The disease reached its climax in this period, and symptoms of improvement then became evident in the diminution of the opisthotonos, a partial return of the sense of hearing, a desire for food and periods of refreshing sleep. Convalescence was completely established in twelve days, and in two weeks from the commencement of the attack, the patient was able to sit up and be dressed.

The treatment commenced with an enema, which produced a free evacuation from the bowels, a warm bath, after which ice was applied by means of a rubber ice-bag to the spine, from the nucha to midway down the back; cold cloths on the forehead; warmth to the extremities; and the administration of quinine in grain doses, every two hours. To allay the restlessness, opium in quarter grain doses was given every three hours, until the effect was produced, then pro re nata. Milk punch and beef tea were given freely and at regular intervals through the day and night. Recovery was complete, no symptoms recurring and no effects remaining from the disease.

The next case commenced May 10th, 1872. A boy about ten years of age had been bathing, and came home complaining of pain in the head and back of the neck. Vomiting commenced and continued at intervals, during the day; at night the rigidity of the neck was marked, and pain was excruciatingly severe in that region. In this case complete deafness supervened, so that the patient could only be interrogated by the use of a pencil and slate. Consciousness was unimpaired during the whole of the illness; the intolerance of light was excessive, so that the room had to be kept constantly darkened; no eruption appeared in this case; the opisthotonos was well marked and increased until about the beginning of the third week of the attack when it declined. There was considerable irritability of the stomach, so that nourishment was with difficulty retained. The duration of this attack was from May 10th to June 17th. The patient never regained hearing to the slightest extent; a state of stupor gradually supervened, and he died in five weeks and a half from the beginning of the attack, as will be seen from the dates.

The third case commenced May 16th. A child, in the healthiest portion of the city, some two years old, was taken with all the symptoms, in a modified form. The disease was of twelve days duration and subsided rapidly.

No prominent symptoms beyond a slight degree of opisthotonos; extreme restlessness and high febrile excitement were present.

The fourth case occurred May 22nd, in a child three years old, in which there was a slight eruption; considerable opisthotonos; deafness, and other symptoms less marked. The duration of the case was one week, ending in rapid recovery. The same treatment, adapted to the several ages, was carried out in all the cases.

On the 26th of May I was called to see an infant, one year old, who was taken sick that morning. The symptoms were profuse and continued vomiting; contraction of the muscles of the back of the neck, and constant tossing of the body from side to side. No eruption was evident. Called again at noon, and reached the house as the child was about expiring. In a few minutes after death, while the body was being washed, an eruption began to appear, which increased rapidly until the whole surface was dotted over with the peculiar spots characteristic of spinal meningitis. The severity of the attack seemed to have been so great as to have destroyed vitality before the lesions of the disease were made manifest.

These embrace all the cases of the disease I treated during the season, and may be summarized as follows:—

Case 1. Duration, two weeks; eruption; recovery.
Case 2. Duration, nearly six weeks; no eruption; death.
Case 3. Duration, twelve days; no eruption; recovery.
Case 4. Duration, one week; slight eruption; recovery.
Case 5. Duration, twelve hours; eruption after death.

SALEM COUNTY.

To Chairman of Standing Committee, &c.:

Disease and death in their varied forms have visited the people of this county during the past year. The average degree of health, however, has been higher than that of the year preceding, with some few exceptions. The summer and autumn were remarkably dry and warm; and dry weather with us generally brings with it comparative immunity from disease.

During the autumn, intermittents and remittents, though

less frequent than usual in other parts, were very prevalent in a circumscribed locality in the northern part of the county. These were generated by the stagnant water collected on the marshes at the head-waters of the Salem creek, by the damming off of the stream near its source; but, though so numerous as to attack the greater portion of the resident population, they were of a mild type and readily yielded to treatment.

Measles and pneumonia were also more frequent than usual during the cold and protracted winter. The first of these disease, was mild and easily managed; but the last was more severe, proving fatal to several aged persons. The treatment of the latter disease most successful was the tonic and supporting; the best results being obtained from the diffusible stimulants and quinia; mur. ammonia and tart. antimon. were given in the sthenic, and chlorat. potassæ in asthenic forms of the disease, with marked benefit in my practice.

Rheumatism, erysipelas and paralysis, and in the order in which they are mentioned, were more prevalent than ordinary. The first was mild in its character and successfully treated by alkalies and colchicum; the two last, though sometimes fatal, presented no peculiarities of feature or treatment, by which to distinguish them from their congeners of former years.

Sudden deaths, apparently from cardiac affections, and from apoplexy, were of frequent occurrence during the period embraced in this report.

With the above-mentioned exceptions, the sanitary condition of the county for the year presents nothing worthy of special notice.

Diarrhœa, cholera infantum, dysentery and fevers, endemic to the locality, were less frequent than usual, and were successfully treated by the ordinary remedies.

While opium, quinia and the preparations of iron still retain their ascendancy as therapeutical agents, the use of chloral hydrate and bromide of potash has greatly increased among the physicians of this section, especially in the treatment of nervous affections. Hypodermic injections have also been much more frequently employed. The exhibition of these remedies has, with a few exceptions, been free from unpleasant results; they are no longer experimental, but have become standard remedies in the estimation of the profession of the county.

QUINTON GIBBON, *Reporter.*

SALEM, May 24, 1873.

CASE: RUPTURE OF THE UTERUS.

BY JNO. KIRBY, M. D.

I was called on the evening of Sept. 12, 1872, to see Mrs. L., aged 34 years; a rather delicate looking woman, and the mother of one child about six years of age. Found the patient in the first stage of labor with the usual "grinding" pains; the os uteri dilated to about the size of a half dollar; head presenting; pelvis well developed. After conversing with the patient and her attendants for about an hour, and finding from the character of the pains that I should probably be kept most of the night, I decided to lie down in the hope of some sleep, and requested the watchers to call me if they or the patient thought they needed me.

In about two hours I was called, and on going into the room was informed by the attendants (intelligent and experienced women), that her last pain had been somewhat harder and they hoped that I would be able to "hurry up matters." There was nothing unusual about her, she engaged freely in the conversation, and I waited, I think, about forty minutes for a return of the pains; but as they did not return I gave her a dose of fl. ext. ergot, which was instantly vomited, still without pain, and she for the first time complained of feeling faint; found the pulse now scarcely perceptible; gave brandy freely and made a per vag. examination; found the os uteri in the same state, but the *child's head was gone;* placed my hand on the abdomen and found the child high up. I at once concluded that I had a case of rup-

tured uterus to deal with, and sent for my friends, Drs. Gibbon and Thompson, of this city, who agreed with me in my diagnosis. Delivery by the natural outlet being impossible in the existing condition of the os uteri, gastrotomy was the only resource left us; but the patient being almost pulseless—in a state of incipient collapse, notwithstanding the large amount of brandy and ammonia that had been given her, we concluded that the operation would be worse than useless. Death occurred on the following evening.

Post-mortem fifteen hours after death: On opening the abdomen, its whole contents were found covered with a firm coagulum of blood; the child lying transversely across its upper part, above the umbilicus, and a transverse rent across the fundus of the uterus, fully twelve inches in length. The uterus appeared to be of the ordinary consistence and thickness.

Upon subsequent inquiries, I have learned that this woman had had frequent miscarriages, some of which were not spontaneous. The unfortunate peculiarities of the case was the absence of any positive signs of the grave nature of the accident; neither severe pain, nor that sensation of something having given away that usually accompanies this dreadful accident, in short nothing to lead any one to suspect the peril to which his patient was exposed.

SUSSEX COUNTY.

To Chairman of the Standing Committee, &c.:

I presume I am in no greater dilemna in regard to making a report of health and disease than other reporters throughout the state; but I can assure you it is a task impossible to perform, without the co-operation and assistance of the physicians in the county. One branch of our State Medical Society is for the purpose of recording, and placing before the physicians in the State a true report of the causes, nature and treatment of disease throughout the State.

It would be as impossible for some person living in Cape May county to give a report of Sussex county, as it is for a physician whose labors are confined to a small territory in one corner of the county, to make anything like a true re-

port, without the other physicians in the county giving some statistics, whereby to make a readable account of the health of the county for the last year.

I was honored at the last meeting of our Society, as reporter to State Society, and some four weeks ago I wrote to every practising physician in the county, to send me some statistics to frame a report. Credit is due only to two. If it should ever be my misfortune again to be elected to the responsible duty, I shall direct all my correspondence to the undertaker, hoping thereby to get the result, if nothing else.

During the last meeting of our Society, all the members expressed and manifested a great desire to have our Society give a full report, and if not done, a fine of five dollars was voted to be imposed on the reporter.

Quite adverse to the Irishman's description of the steam shovel, viz.: "You can shovel, but you cannot vote." Our members vote, but do not shovel.

Within my own practice, it has been a year of remarkable healthfulness; have experienced no epidemics. I learned from some person that small-pox raged in a malignant form near Lafayette, in this county, during the winter; but the physician who had them in charge, votes but don't shovel, so I can make no report further in regard to it. Dr. Pellet writes me that at Hamburgh, N. J., there has been quite a number of cases of infantile erysipelas within a few months; some have been severe; one case fatal. He further says that he heard there had been considerable of it throughout the county, but that I would know more in regard to it after getting the reports from the several physicians. *They* vote, but don't shovel. Pneumonia has not been so fatal in his practice as last year.

Dr. Allen, Vernon, N. J. writes that pneumonia, the past winter, has been severe in his practice; one case terminating

in an abscess, the patient lived about ten weeks from the attack.

I will add that pneumonia, in my own practice, has been unusually severe, having a great tendency to become double; have had four cases of double pneumonia, three of which proved fatal. Had also, in my own practice, a case of ruptured uterus; was not called to see the case until the accident had happened; lady had been in labor about six hours, they said; she was suffering no pains whatever, and had not been for half an hour; on examination, found the os contracted nearly to its normal size, and somewhat doubted the statements of the old women that the child presented its buttocks to their touch but a short time before. I remained about an hour, but no alteration took place; I then gave her some morphia sul. and left, remarking that if their statements be true she had a ruptured womb. Called on her again in the morning and found her in a state of collapse, she died in a short time. She had suffered no pain during my absence. I was permitted to hold a post-mortem, and found both child and placenta in abdominal cavity

I have received a communication from Dr. Ryerson, being a report of his experience of strangulated hernia, and enclose the same with this report.

T. H. ANDRESS, *Reporter.*

Report on Strangulated Hernia.

BY THOS. RYERSON, M. D.

The defects of medical education in the United States, arise from inadequate preliminary acquirements, and a too short curriculum. The first prevents the student from availing himself of the advantages even of the present course of instruction. This course, however, at the best, only gives opportunity for obtaining an imperfect knowledge of abstract general principles, meagerly set forth in brief text books and hurried lectures. Thus set

forth in an elementary manner, and inadequately illustrated by the nominal clinical teachings of the schools, where comparatively few students can ever gain access to a patient, they make only a feeble and evanescent impression. The resulting practitioner, hence, either becomes a routinist, or he afterwards completes his education at the greater or less expense of his patients. It is not wonderful that people are imposed upon by charlatans, when they so often find their confidence unworthily and unhappily obtained by regularly graduated physicians.*

But besides being a fraud upon the public, an inadequate medical education is a source of misery to the practitioner himself; for he is illy fitted to cope with many urgent diseases, and without sufficient resources in brother practitioners similarly situated. There are many responsibilites which he cannot shirk, and yet cannot fully meet, for lack of that further preparation which only the study of special exhaustive treatises, and real clinical instruction can give.

Few, and happy are the practitioners who have escaped illustrations of these truths, in the facts of their own experience. To me, strangulated hernia has been one such illustration; and therefore, in order that some one else may happily adopt, at the outset, a systematic exhaustive study, not only of this, but of every disease, I propose to treat of this ailment in a cursory manner, so as to give a bird's-eye view of the more important principles which it involves. This is not drawn from written notes, but from the experience itself, indelibly stamped upon my memory.

In addition to instances of obstructed hernia which have yielded to the taxis and thus complemented those which have not thus yielded, I have encountered seven cases of strangulated hernia, requiring operation, or at least incurable without it. Two of them, not in my own practice, were fatal; one, in my practice, was fatal, at the end of two years, from artificial anus; one, not in my own practice, and three in it, were followed by recovery, more or less complete. Of the seven, five were so far under my control, that I am responsible for the result; in the other two, for the opposite reason, I am irresponsible. Still I shall speak of these two also, because they illustrate two principles: one of them was an old, irreducible, oft obstructed, inguinal hernia, the dangerous condition of which was unappreciated by the patient, until complete disorganization had occurred; so that, though the

* Besides defects of education, fraudulent practices of students, who desire diplomas as a cloak for mean, selfish gain, and even criminal gain, are rendered possible by the easy-going virtue of certificates of character, and the laxity of final examinations.

attending physician cut down to the sac and divided the stricture outside it, nothing further was done. The sequel proved that nothing could have saved the patient, unless the removal of the whole mass, and the attempt to re-establish the continuity of the sound portion of the gut. The other was a recent crural hernia, which I was the first to suspect and recognize at my first visit, but after the patient was moribund. I should, perhaps, have overlooked it also, had I not been smarting under the recollection of an artificial anus, partly resulting from twenty hours ignorance of the cause of difficulty. In the five cases in which I have been wholly responsible, the operation, as I have said, resulted in four recoveries, and one death by starvation at the end of two years; but two of these recoveries, were only after sloughing, either of the sac, or the omentum, and were followed by occasional attacks of intestinal pain, which have never been cured. It is my firm conviction, that had I known in the beginning, what I might have learned by properly directed study, I could have attained greater success, and have been spared an unhappy experience.

The first principle illustrated is that a hernia is to be looked for in every case of colic; for if we take both severe pain in the tumor and nausea as almost constant symptoms of incarcerted hernia, and rule out every case where these symptoms are wanting, or never look for it unless called to examine a suspicious painful spot, we shall often be led into serious neglect. These symptoms are often wanting in old hernias up to the time of strangulation. Besides, persons may have ruptures for years without knowing it, and in case of obstruction and pain, even in the tumor, may delay seeking advice until the symptoms have become intolerable. Even then, from false modesty, they will simply say they have severe pain in the bowels. Even when questioned as to lumps, or sore spots in the groin, or elsewhere, and after admitting their presence, they will endeavor to prevent an examination by ascribing them to some independent cause. Within two months I operated on a lady, who for eight years had concealed the existence of a tumor in the groin—a crural hernia—which she thought was a gland enlarged by rheumatism of the leg. No doubt, the so-called rheumatism was an effect of the hernia, which she thus had allowed to remain incarcerated for six days before sending for her physician. Fortunately, he detected it at once, and soon recognized the necessity of an operation, which, after consultation with a professional brother, I was sent for to perform, and did perform about midnight. Even in a recent hernia, the pain frequently is all referred to the umbilical region. In some of the five cases which form the basis of this memoir, little or no nausea was at any time experienced. If the symptoms

of colic in any case continued after futile explorations in the usual seats of hernia, and after the due use of remedies, a careful exploration of every other possible seat should be made.

Having discovered an incarcerated hernia, we ought at first to consider it as incarcerated merely, reserving the term strangulated for cases where the taxis had failed. Strangulation, whenever or wherever occurring, is the imminent danger of death to the person or part affected, through total obstruction of the normal flow of one or more vital fluids. I have seen a testicle strangulated by the pressure of a peri-typhlitic abscess on the spermatic vein, behind the iliac peritoneum. In hernia merely incarcerated, the obstruction is at first partial, though it soon becomes complete strangulatation. The terms incarceration, obstruction and strangulation are, hence, often confounded and used interchangeably. Hence, since incarcerated, obstructed hernias are often relieved by taxis, and yet are called strangulated, it comes that strangulation is considered to be of degrees, only the last of which requires a cutting operation; and so inadequate remedial measures are persevered in until no remedy is adequate.

How then shall we relieve the incarcerations and obstructions? A proper understanding of the various causes of them suggests the answer. These causes are fæcal accumulation, the solid tissue of the protruded organs themselves, and an inordinately increased flow of blood into the hernia, due to disturbance of the general or local circulation. Obstruction, from the first cause, is very common in old hernias, and is generally dealt with by the patient alone. Sometimes, however, feculent matter is so tightly jammed into the neck, that he is forced to call assistance. It is easy to understand how semi-solid fæces may be lodged in the neck of the tumor by strain, or how increased peristaltic action, necessarily imperfect in the tumor, may cause an accumulation there, at first occasioning no uneasiness, even when it has slipped out from under a truss, much more when no truss is worn. As soon as perceived, the patient practices a maneuver which experience has taught him, and reduces it at once. If not speedily reduced, obstruction—soon to end in strangulation—results from such infarction. The veins yield to the pressure before the arteries, and congestion—with or without pain—becomes obstruction, and obstruction strangulation.

Again, when a violent strain, or blow upon the abdomen, develops a new hernia or aggravates an old one, the tissue in passing through the ring is stripped, as we strip a leech, so that more tissue is crowded into the ring, than could have entered if the vessels had retained their calibre. The veins having yielded most, the balance of the circulation is destroyed, and conges-

tion and its consequents follow, the reaction of the elastic coverings hastening the final result.

Further, if a sac is already so full that the pressure of the integuments allows only a moderate flow of blood out of the tumor, by sudden quickening of the general circulation, or a local irritation inducing increased arterial contraction, the same obstruction is soon produced. These cases often occur, and are relieved by the patient lying quietly down.*

We never know beforehand to which of these causes obstruction is due, but it will be seen that all alike have one termination in sanguinous engorgement. But in instituting treatment, we follow in the same order, counteracting the causes and removing their accomplished effects. And we act as if all three causes were coöperating (as they may be): we quiet the circulation, and remove from the stricture whatever hinders the regress of the blood, at the same time hindering the further accumulation of that fluid, or if possible, at once diminishing its amount.

If we ask an old hernial patient how to reduce the rupture, he will reply, "Lie down, draw the knees up, gather up the tumor closely into one hand and squeeze it, whilst with the finger of the other it is worked back by degrees. At last it will all go back at once." This is a verbatim definition of taxis by one of my patients. He unconsciously described quite well just what we do in the case. We hope that fæces is blocking the ring, which we can either press back into the abdomen, or down into the hernia, which is what has been done by those who direct us to pull the whole hernia downwards. By drawing the compressing fingers continually along the neck of an inguinial hernia, we press the blood also back into the abdomen, whilst behind the fingers, the vessels fill again, because of the pressure of the other hand. The repetition of this maneuver sensibly diminishes the

* I had written thus far, when I was interrupted by a physician who requested me to reduce a hernia in a lady having tubercular consumption, which had been slightly painful for two weeks, the date of its first discovery. She supposed that it first appeared at that time, caused by the strain to save herself from a fall as she was standing on an overturning chair; but I doubt not it was of longer duration, and had resulted from the cough. It was a direct inguinal hernia, and the finger easily followed it when reduced. Most of it disappeared spontaneously when she laid down, and it was easily returned when she was erect; but after it was discovered, by an accidental obstruction, her fears kept her constantly working with it, and thus, the local irritation and the cough on one side, and the efforts of the patient on the other, kept the circulation nearly balanced. The congesting causes, however, being constant in their operation, gained the victory, and it became slightly incarcerated, but was reduced precisely as will be described in the text.

tumor, until at last, the protruded organs begin to return, and finally go back suddenly, and if intestine, with a gurgling sound. This suddenness is characteristic. If the swelling has disappeared without it, it is probable that it has re-entered the abdomen still inclosed in the sac. Or the disappearance may be partial, of the fluids only, and if left undisturbed will soon regain its original size.

If this maneuver, continued for a few minutes, fails, no further time should be lost. Longer manipulation will only contuse the parts. Full anæsthesia and sedation, local and general, must be employed, whilst an appropriate relaxing posture, and steady and firm, but gentle, equable pressure are maintained. Medicines by the mouth either will be rejected or imperfectly absorbed. A full hypodermic exhibition of morphine will be useful, both during and after the reduction. This is at once followed up with a full anæsthetic; and finely powdered ice, or snow and water, in an ice-bag, is used both for local sedation and as a medium of firm equable pressure. Indeed, if assistance was at hand, this would have been a proper application at the beginning, steadily maintained throughout. The taxis as above directed is then resumed. If it fails, an effort should be made to draw down the whole tumor, whilst the manipulation at the neck is kept up. The effect of this is to allow any intestinal accumulation to be diffused through the tumor, so as to free the neck. Of course it will be readily understood that the neck of a crural hernia is not very accessible. Accordingly, five of the foregoing seven cases, requiring operation, were of this sort. Authors agree that it is more difficult of reduction than inguinal hernia, and they ascribe it to the tighter stricture. My impressions are that it is because the neck is short and underlies the upturned tumor, which cannot be drawn down effectually.

In all the foregoing manipulations it will be observed that no effort is made to crowd the tumor through. This crowding is very frequently taught. I heard a very distinguished surgeon, at one of the first colleges of the land, illustrate this doctrine, by telling the students that though one could not push a handkerchief bodily through a keyhole, it might be pushed through little by little. It could be only by a succession of punches that a hernia could thus be returned, if at all, which is at least problematical, whilst the operation would be very contusing, and would unfit both hernia and coverings for the operation and its consequences, if that became a necessity. I cannot avoid the conviction that the tissues never return until, by slow, careful manipulation, the blood accumulation has been diminished. When it is remembered how difficult it is to insert a hernia

knife into the stricture, the belief that the neck can be pushed through it will not be strong. When the ring is plugged by tissues or irremovable fæces, so that the arterial flow is stopped, nothing short of a division of the stricture will relieve the patient. If the stricture is so loose that this punching process would succeed, the other will certainly succeed also, and without contusing the tissues. Indeed, when I first tried it, and successfully, it was when I was at the point of giving up the reduction by this other manipulation, in which I had been educated. If the gentler method, patiently tried, fails, the operation is the only resort. I hope I shall be pardoned if I repeat as emphatically as possible, my belief that the truly philosophical, and for that reason, the most successful, mode of taxis is to return the fluids first.

But it has been lately advised not to decide on an operation before trying the effect of withdrawing a part of the fluids, to wit: the gas, by paracentesis, or aspiration. This once seemed to me so plausible, that if I had had an opporunity for trying at that time, I should have put it to the test. But reflection convinces me that it is, at the least, useless, and in case of an operation, detrimental. For if the stricture is so tight that the foregoing manipulations will not return gas, it is certain that this sharp, narrow ring, or longer stricture, will contain only fluid that is irremovable by any force that would not disorganize it; and therefore, if more room were obtained in the sac by this removal of gas *ab extra*, there would be no consequent relief to the stricture. A hernia from which the gas is removable by pressure, is often found irreducible by taxis: everyone knows that a water-tight stop-cock will leak gas largely. It may as well be remarked here, although out of place, that practitioners have been deceived into using undue pressure, by not remembering that the bulk of pent-up gas is inversely to the pressure upon it. Finding the tumor diminishing, they increase the force injuriously. I have done it myself, and have seen it done by others.

No definite time can be fixed as the limit for the taxis; it will depend upon the urgency of the symptoms. Even here, however, there is danger of deception, through the tolerance of phlegmatic patients. I have, in three instances, seen the pulse but little accelerated, very little nausea, and no complaint of pain, unless when asked about it, at the very time that the intestine was a dark purple, and the sac was so injured, as in two cases to slough, and in the other, it had just begun to have that leathery or sodden look and feel which, when fully developed, indicates death of the part. If we are to draw any conclusion from nausea and pain, in connection with an unreduced hernia, it is that danger is indicated by this diminution, unless the pulse and the countenance, and whole demeanor indicate that relief has

come. An obstructed hernia may be irreducible; but the profession has not adopted the doctrine, (whether a true one or not,) that every rupture must be returned after division of stricture, because the *operation* seldom results in radical cure. Therefore, in irreducible hernia, if we give relief from all dangerous symptoms, we stop.

I repeat, that I have been surprised at the absence of prominent obvious symptoms where extreme mischief had occurred. In the first case of incarcerated hernia that I ever saw, which was in 1844—in the first month of my practice—before the day of anæsthetic inhalations—I was equally surprised by the contrary, in a case which yielded to taxis after eighteen hours of its "faithful use," by a *confrere* of established local reputation, by whom I was relieved of responsibility. We worked through the tedious hours of a long, hot, July night and day, "*secundum artem*," as we had been taught, including hanging up the patient by the heels. Indeed, my old friend, now long deceased, added humanity to skill, and persistently endeavored to stop the vomiting by exhibiting tincture of assafœtida. We punched the tumor in, and pulled it out, and did both together; but all in vain, as we ought to have known, until at last the patient having been well bled, etc., etc., and prostrated, my friend took advantage of the lull, to fan his streaming, rubicund face with his broad-brimmed leghorn, "tired nature's sweet restorer," instructing me meanwhile to keep up a steady pressure upon the tumor, "lest if he vomited *it might be forced out further*." This I did with sedulous attention, grasping the whole hernia and gently compressing it, for some little time, when, presto! it gave a gurgle of satisfaction, and escaped from its tormentors into the abdomen. The point is, that the taxis—true taxis—would as well have succeeded in less than an hour, if we had had chloroform instead of the lancet. Another point is, that the extreme sensibility to pain, and the continuous vomiting (which was that of a force pump), although the patient, a phlegmatic Pennsylvania Dutchman, was ordinarily not sensitive. After the return of the hernia he did not remain in the house twenty-four hours.

These opposite experiences confirm me in the belief that extreme pain and nausea are not as urgent symptoms, as are their subsidence, whilst yet the anxious countenance, the jactitation, the irritated pulse, remain.

If I were to lay down a rule for my own guidance, it would be that two hours after the inhalation of ether commenced, the taxis ought to have succeeded, and if not, it will not succeed. I am yet to see or hear any evidence of a premature operation for strangulated hernia: a fearful number have been too late. If the hernia be certainly omental, the dangers may not be

so great. But sometimes—as I have seen—an apparent omental displacement conceals a knuckle of intestine no larger than a walnut—the latter purple enough; the former apparently uninjured. As a rule, an old hernia is more tolerant than a recent one; but within six months I have seen a recent strangulated intestine underlying an omentum that had been unreduced for years. There seems no other way of determining the time for an operation than this: If the practitioner is confident that his taxis is judicious, and if he is satisfied that at the end of two hours he has not reduced the size of the tumor, except by compressing its gas, he ought to be satisfied that he cannot do it in any time. Indeed, before the end of that time, it would be prudent to call a counsellor. But if I were the patient, I would prefer an operation, to two or three vain repetitions of the same manipulations. Still, where all are peers, those called in to assist in the operation ought to "try their hands." Only let the motto be "*carpe diem.*" The operation itself is not so dangerous that it should have inspired the generally existing professional dread of it. If we reasoned with our fears, we would find in this case, that the delay to operate was the dreadful thing. Nor is it in the least difficult, till after the stage of division of the stricture. After that, if the operation has been delayed, the return of the organs is sometimes difficult.

These operations are suddenly called for, and must often be performed upon a bed, in a small and poorly lighted room. We make the best preparations possible. There is one preparation that is indispensable: a mind undistracted by anxiety in regard to the degree of etherization. If one can not have confidence that the administrator understands this instrument, and will give his undivided attention to it, it should not be used. I dispensed with its use on a very nervous aged lady, and have never regretted it. On the other hand, I was once amputating a shoulder-joint, when a gentleman, every way my superior, undertook the real operation (compared with which the cutting and enucleating and tying were child's play) of compressing the subclavian, and administering chloroform. Baron Larrey's celebrated field performance of removing the upper extremity alone, compressing the inner flap as he divided it, would be a safer operation. But there was no alternative; though, as might have been expected, we had to suspend the amputation, in order to resuscitate the patient, who indeed died next day, as my conscientious friend always insisted, from the chloroform. Other instances might be added of careless (not ignorant) use of anæsthetics—even ether alone—two of them fatal. These I either witnessed or learned on reliable authority as they occurred, not in private practice only, but in city and army hospitals.

One preparation is the precise determination, beforehand, of the details of the operation. In private practice, and among those who stand on the same professional platform, operations are apt to be accompanied with a "running fire" of consultation, which is indeed highly improper. Most contingencies can be foreseen and provided for, and the operator can succeed more certainly by carrying out his plan, and should not be disturbed with an offer which Mr. Lincoln always rejected, viz: to "swap horses while crossing the stream." Another evil of this bed-side consultation is that it distracts the principal assistant, who is giving the anæsthetic. It ought to be a maxim that etherization is a capital operation. But because of these distractions among general practitioners, there is a risk in using chloroform. Therefore it can be exchanged for ether, after a tolerance of this has been established. In circumstances where there is a risk of the explosion of ether—as in a very small room, by night—it is well to remember that chloroform is not inflammable.

In crural hernia, there is a division among surgeons as to the number and direction of primary incisions. Pancoast and others think that one, parallel to Poupart's ligament, is ordinarily sufficient. When two are made, Pancoast directs the second to be a T, obliquely outwards and downwards, but gives no reason for it. All later writers whose plan I now call to mind, direct and represent this incision as directly downwards, obliquely to the first. I always followed their advice, for which no reason was given by them, but finding the saphenous branches in the way, once made a second cut upwards. This taught me at once all the reasons for the true rule—1st, a cut upwards does not add to the facility given by one straight incision, because the object is to turn the tumor downwards off Poupart's ligament, so as to gain access to the stricture. 2d, it does not facilitate drainage. But a cut downwards and outwards will be followed by less hemorrhage, and what is more important, will allow the tumor to be brought completely down, without the least stretching of the already suffering integuments, which becomes a matter of considerable importance subsequently, in regard to healing.

The best authorities agree in recommending the first incision to be made from within, outwards, by pushing the scalpel through a fold of the integuments, and extending it afterwards by free-handed dissection. But if the integuments are well pinched up, and the scalpel is held with its straight back tangential to the tumor, the requisite length over a small tumor can be obtained, and no injury be done to the sac. I do not think that can be pinched up with the integuments; and if the fold is partly held by an

assistant, the tangential line becomes evident. Of course it is better to take a little more time to extend the incision in the usual way, rather than go so low as to strike the tumor, instead of glancing over its apex. The usual cut is directly outwards, making one straight incision. But if I am hereafter called to do this operation on a small hernia, I shall bring out the scalpel obliquely towards the thigh, thus making an open V incision, giving room for the turn down of the hernia, and greatly facilitating subsequent neat approximation of the tissues. For facilitating the extension of the first incision, as well as making the second from within, outwards, as well as when the integuments are first pinched up, the gaseous distension is very serviceable. It increases the tension which prevents the sac from being raised with the integuments, and as the coverings are divided, the tumor at once pouts through the opening. Whilst this displays the tissues, and saves dissection, and thus facilitates exposing the tumor, it however also necessitates care in the divisions. In consequence of the pouting, the face of the tumor alters its direction just at the point of the knife. As the exposed part is before the eye, and an object of close attention, there is danger lest the direction of its surface be taken as the same as that below the uncut overlying integument. This error would carry the knife too deep as the incision was prolonged. Persons who are timid may insinuate a director between the different tissues, and cut outwards, in continuing the division of the external tunics, as well as the deeper, thinner, tenser ones. But this will interfere somewhat with subsequent re-union.

Though ligatures may be provided even for this stage of the operation, they will not be needed at this stage, if at all, unless in a very anomalous distribution. Nothing beyond compression of the lips between the fingers as the operation proceeds, will be necessary. Experienced practitioners will smile at this minuteness of detail; but if they recall the days of their professional youth, they will have visions of unnecessary ligatures jutting up between their first incisions, serving only to delay union. We all learn best in the concrete, and from examples. And though it is generally supposed that there are certain general principles, involving as certain details, common to all operations, yet very few but have exclaimed to themselves, after personal, perhaps mortifying personal experience, has impressed one of these principles: "how could I have been so stupid! I ought to have noticed more particularly the allusions to this in the Principles of Surgery."

The *modus operandi* of opening the sac does not come into this category. It has been often enough and well enough set forth in every text-book.

It is far more important to determine the propriety of opening the sac,

than the manner of doing it. It would be well, if possible, to settle the question before attempting a division of the stricture outside, for the neck of the sac itself may be thickened and a cause of constriction to be divided. If a hernia is old this is more than likely. But if the case is recent, has been but a short time incarcerated, has not been subjected to undue manipulations, or to anything adverse to its well-being, the stricture should first be divided outside, *and the protruded organs reduced first, and the sac afterwards.* So, indeed, in an old hernia under the same conditions as to treatment; but on no account should both sac and contents be reduced together, or in part together. In an old case it is clearly improper, and in a new one, there will probably be an immediate inflammatory thickening—proliferation—which will retain the contents, and give subsequent, perhaps fatal trouble. Much more in an old rupture, as the following shows:

Last fall I divided a stricture outside the sac of a crural hernia, which was an old omental rupture, with a secondary intestinal one, under it into the same sac. The intestine was replaced, as was proved afterwards by the regular movements of the bowels. The omentum would not follow. I never had, in the past years, been able to reduce it, though it had never given trouble. Thinking that the replacement of the intestine gave it plenty of room, I reduced both omentum and sac together. The parts had suffered from delay; waiting for the requisite assistance. As soon as the circulation was restored in this now internal hernia, the omentum inflamed, tumefied, filling up the neck from which the intestine had been freed, became strangulated, spacelated. The sac suppurated and was ruptured into another abscess, which had been formed by the limiting adhesions of the peritoneum connected with the ring, through which the whole was finally discharged; the recent adhesions of the integuments giving way before the pressure. The diagnosis was made by means of the carbolic acid solution injected at the suggestion of Dr. Andress, our present reporter, the son of the patient, who probably thus contributed very materially to his mother's recovery, by preventing septæmia, as he also contributed to clearing up the case. When the fetor of the discharges had been removed, and even a pint of water had returned clear, a pressure over the abdomen, just above the abscess, and upon a thickening there felt, would renew the fetid discharges.

If the hernia cannot be reduced otherwise, of course the sac must be opened. But what are the appearances and conditions which determine the opening of the sac before any attempt at reduction? There is a dull, sodden look to the sac, in such a case, which I cannot describe, but which, once seen, is always remembered. Besides, if the contents have a dark look, all

doubt is removed, for they require to be closely, immediately inspected, as to their vitality. But the adipose may not give any sign of the mischief that has been wrought in it; it may appear clear and bright through the sac; or the hernia may be so small that the sac will not reveal the appearance of what it incloses. In the case of omentum also, there may be underlying it a knuckle of very purple intestine, or even one sloughing, or badly ecchymosed. The case of the lady who so long concealed her condition, was thus concealment to the last stage. Deep under a mass of omentum was a small knuckle of intestine, darker than a Catawba grape; but the propriety of returning it was quickly determined by rules everywhere so clearly laid down, that they need no recapitulation.

I think the rule ought to be established to open the sac, if the hernia had been over four hours subjected to manipulations, and have increased in size meanwhile; and more particularly, if it had been down for a longer period, without much handling, and the patient had become more tolerant of the pain, whilst the pulse, countenance, and demeanor contradicted the indications of that single symptom.

I presume every one would choose a hernia knife, because its flattened end is easier introduced than an ordinary probe-pointed bistoury, and because its cutting edge is so short. But they are too wide at the cutting part; I have ordered one in which the cutting edge is set back, as it were, forming a notch, the bottom of which is the knife proper. With this, I think, I shall be able to determine more easily when the inner side of the stricture has been reached by the cutting edge, which can then more easily be turned up against it. The only other cutting instrument needed is a straight-backed scalpel, though in many illustrated works on surgery, a spear-pointed, curved bistoury is represented, both in the first incisions and over the director, and a scalpel in the dissections. But it consumes time to make unnecessary changes. In notching the stricture, pressure only is used, which cuts the tense tissues, but not a stray vessel. But it must be very steadily done, with a supported hand. In this operation, the knife is held as a lever of the third order, the end of the handle being fulcrum. The grasp then should be as near the stricture as possible, to diminish the excess of motion above that felt by the fingers grasping. At the best, the blade seems to have an accelerated motion after it starts. In crural hernia where we cannot safely make a deep notch, we can make two, and the portion between will roll in. However, if the knife just passes the stricture we can cut safely, even with a vessel above it.

But why, when there are no adhesions within the sac, and there is evident

room through the stricture, is there sometimes difficulty in reducing the hernia? I fear that beginners are too often in haste, forgetful that the principles of taxis are always the same, and may sometimes notch a second time unnecessarily. Bystanders may be in a hurry, but our maxim is "*sat cito si sat bene.*" Unnecessary notching is a misfortune; it will, perhaps, even render the future employment of a truss unavailing. This haste may be the only difficulty in the case.

But I am convinced that internal adhesions may prevent. We know that many hernias are incarcerated many more hours than are sufficient for pretty firm adhesions of a surgical division of tissue, and of denuded mucous or serous surfaces. In a case of congenital, inguinal hernia, 40 years old, which had been generally kept up by a truss, but was quite large, the part involved seemed to be a pouch from one side of the sigmoid flexure of the colon. At least, the finger could not go round it, or through any opening in the puckered neck, and only one longitudinal band appeared. I enlarged the ring until my finger entered the abdomen, all around the neck; after thus carrying it around, the whole tumor went back without difficulty. I think the intestine lay across the ring, with this pouch from it constituting the hernia. I did not think it justifiable to settle the question by an exploring expedition into the abdominal cavity. The patient revovered very promptly.

As I have had no experience of any other species of strangulated hernia, this concludes all I have to remark upon, except the after treatment. In this, one principle is paramount, viz: the maintenance of freedom from pain and of rest for the injured part, if it be intestine. After the operation, it is temporally paralysed and softened, and liable to distension. It is also liable to ulceration of the part pinched in the stricture, the ulceration beginning in the mucous coat. Hence, active peristaltic motion in the portion of intestine above endangers rupture of all the coats. The intestines should not be emptied by cathartics for a fortnight. If there are no suspicious symptoms, injections meanwhile are permissible. By the end of that time, opiates will have been withdrawn long enough for the spontaneous action of the bowels. If a laxative dose of oil then causes pain, do not repeat it in several days. In one of the foregoing cases, no cathartic was given for twelve days, and after several evacuations otherwise obtained, and after the cessation of fever and all complaint of pain, with a good appetite and a clean tongue. The case was one that had been unrecognized for twenty-four hours, the rupture recent, and operation delayed for want of assistance, of several hours duration. A little pain followed the laxative. Two

days afterwards, another laxative produced great pain and constitutional disturbance, followed in two days by discharges of chylous looking fæces through the ring. The patient died of starvation in about two years, having refused any operation for her relief.

I conclude these remarks, by saying that our treatment of obstructed hernia should be so judicious, decided, and prompt, at every step, that if an operation becomes necessary, it shall be followed by no untoward symptom, and that the intestine shall be reinclosed by the immediate reunion of the integuments, which will be very likely if the sac has not been opened. The risks of the operation itself are not so great as the prejudiced and prejudicial dread of it. The only dreadful thing is such treatment before and after the operation, as to render it unavailing. If my success has been greater than the average, it has been despite of not fully following the foregoing principles, all of which, seen in the light of experience, seem important. Surely, better success would have been attained by strictly following them. The foundations of the healing art are "*obsta principiis, in principiis stare.*"

[In correcting the proof of the foregoing, on this 1st of November, I find the obscurities and other faults of hasty authorship so great that I would gladly suppress this report and re-write it, leisurely and carefully, for another year's "Transactions," but the plan of the Committee of Publication cannot now be changed. My hope is that those interested in the subject will, after all, get at my meaning, though the topic sought to be compressed in a few pages might well make a volume.—T. R.]

WARREN COUNTY.

To Chairman of the Standing Committee, &c.:

In this hill country, we rarely see the extreme effects of solar heat amounting to sun-stroke; but the prolonged heated term of last summer furnished patients with symptoms referable to this cause as a morbific agent. Mental aberration in mild form and of short duration—complete temporary amaurosis, without coma or marked cerebral excitation—and a general malaise shown by impaired muscular and mental energy, were the morbid conditions we had to deal with.

Intermittents were unusually rare, but the cases of continued fever met with, although not numerous, were more than usually fatal—a sudden and rapid failure of the circulation was the peculiar tendency to death.

The prolonged winter, with its lowest average temperature and great amount of snow fall, was one of unusual health. Pneumonia was rare, bronchial affections not numerous, and tne average fatality from all causes the lowest known for many years. No epidemics have prevailed to my knowledge.

Our County Society is flourishing.

J. C. JOHNSON, *Reporter.*

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